CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON EDUCATION
COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION, ALCOHOLISM, DRUG ABUSE AND DISABILITY SERVICES

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HELD AT: Committee Room
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ROBERT JACKSON
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CHAIRPERSON KOPPELL: Let's start again. Thank you and good morning. I'm Council Member Oliver Koppell, Chair of the Council's Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. I am please to join the Committee on Education, chaired by my colleague, Council Member Robert Jackson in this joint hearing, entitled: Oversight of School-Based Mental Health Services.

The hearing will focus on how the different models of school-based mental health programs currently function and how they can be expanded. Those involved to testify include the Department of Education, the Department of Health and Mental Hygiene, and mental health advocates and service providers throughout the city.

It's estimated that thousands of students with mental health problems are referred to emergency rooms from schools each year. According to a recent *New York Times* article, there were 868 EMS calls from schools in 2009-2010, for suicidal ideation alone. One advocate noted in the same article that there were 58 EMS calls from schools to one Bronx hospital in a ten

day period, obviously indicating the extent of this problem.

The onset of major mental illness may occur in children as young as 7 to 11 years of age, and half of all lifetime cases of mental illness begin by age 14.

Nationwide, approximately 20 percent of youth have serious emotional disturbance, which can be defined as mental health problems or mental illness that severely disrupts the youth's ability to function socially, academically and emotionally at home, in school, or in the community. These youth may be diagnosed with a variety of mental health disorders, including but not limited to depression, anxiety, attention deficit hyperactivity disorder, bipolar disorder, conduct disorder, eating disorders and schizophrenia.

In New York City, approximately 200,000 youths, aged 9 to 17 suffer from mental health or substance abuse disorder. In 2008, New York City Vital Signs survey of New York City adolescents found that persistent sadness, a sign of depression, is reported by 40 percent of girls

and 24 percent of boys. This survey also revealed that 20 percent of New York City girls and 10 percent of New York City boys report considering suicide. In 2010, suicide was the third leading cause of death for New York City youths aged 15 to 24.

Elementary school youth with mental health problems are more likely to be unhappy at school, be absent, be suspended or expelled. And high school youth with mental health problems are more likely to fail or drop out of school than youth without such problems. Despite this, research suggests that 75-80 percent of youth in need of mental health services do not receive them.

A 2004 policy statement from the American Academy of Pediatrics found that many families will not address mental health issues unless their health insurance offers adequate coverage. Other barriers to mental health care for youth include lack of transportation, financial constraints, child mental health professional shortages, and stigma related to mental health problems.

School-based mental health services have evolved as a way to meet the needs of these youth and remove some of the barriers to treatment. The AAP policy statement noted that providing services, schools eliminate the need for transportation and facilitates parent engagement, as many parents live within walking distance of neighborhood schools. School-based interventions are also more likely to be sensitive to the students and families' culture.

Furthermore, school-based mental health clinics enable teachers to focus on teaching rather than behavior management, thus the programs can act as a significant support in schools striving to improve educational outcomes and student achievement.

For those reasons, Council Members Gale Brewer, Stephen Levin and I, as well as others, have proposed a budget initiative to expand access to school-based mental health services to all middle and high schools that have existing school-based health clinics that are not currently providing mental health services. I wish we could do more, but we think that is at

least a step that we can take, because those school-based health services already exist, or health centers already exist.

We view this as a starting point for the ultimate goal of providing access to school-based mental health services in every school, which we believe could make a significant impact on improving student achievement and creating a more positive environment for learning citywide.

So this hearing is the beginning of a campaign which I hope to move forward with my colleagues to get more money into the budget. I know that we're going to hear testimony and I'm sure we're going to hear that some of the constraints to providing these services are budgetary. We in the Council in negotiating the budget, I hope, will make this a major priority. That's one of the reasons for holding the hearing this morning.

Before I turn to Council Member Jackson for his opening statement, I'd like to acknowledge we've been joined by colleagues. Where are the Mental Health Committee colleagues?

Gale Brewer is to the let. I'll let Robert Jackson introduce the members of the Education Committee. I expect we'll be joined by other members of the Mental Health Committee as the hearing proceeds.

I want to acknowledge the work of the staff. To my right is Jennifer Wilcox, counsel; Michael Benjamin, the policy analyst is also there; and Pamela Corbett, our financial policy analyst is here; as well as my personal counsel who has worked very diligently and effectively on the work of the Mental Health Committee, Jamin Sewell, who is here as well.

I'd like to now turn over the opening of the hearing to my colleague, the outstanding chairman, if I may say so, of the Education Committee.

CHAIRPERSON JACKSON: Well, thank you, Oliver. I appreciate that. Let me introduce our other colleagues that are present this morning. To my left is Council Member Dan Garodnick of Manhattan, Council Member Debi Rose of Staten Island. Oliver Koppell had already mentioned our colleague Gale Brewer of Manhattan.

In front of us is our colleague Vincent Ignizio of Staten Island and Steve Levin of Brooklyn. Of course, we have been joined by all the appropriate staff of the Education Committee, and the Mental Health and Mental Retardation, Alcoholism, Drug Abuse and Disability Services Committee.

So let me just say good morning to everyone for attending this joint hearing of the Education and Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services Committee on the topic of school-based mental health services.

My colleague, Council Member Oliver Koppell, just gave us some troubling statistics on the high incidence of mental health problems faced by our child. The number of New York City youth who consider suicide or experience depression is particularly disturbing. Just living in New York City, with its congestion, noise, poverty, homelessness, crime, and threats of terrorism is very stressful nonetheless. Many students face this stress and live in situations that can lead to mental health issues. School stressors like testing anxiety and bullying can also contribute

to the problem.

Regardless of the causes, it is clear that there are insufficient mental health resources in schools to meet the needs of our students. School-based mental health problems are available in only about 300 of the New York City's approximately 1,700 schools.

As Council Member Oliver Koppell mentioned, an April 8th, 2012 *New York Times* article to the story of a school that called EMS, which is the Emergency Medical Services, to take a destructive student by ambulance to the emergency room for a psychiatric even. About a week later, an April 17th *Daily News* article revealed how a school called the police to respond to a kindergarten student's tantrum.

These are not isolated incidents. They are all too common. In February just passed, I met with representatives from all five borough offices of Legal Services NYC, who told me that they had seen a rise in the number of students sent by schools to emergency rooms for behavioral problems. I'm tired of hearing stories about children who are having tantrums or behavioral

problems being taken out of school by police or EMS. That is not the way that we should be going, clearly.

This is an inappropriate use of police and EMS resources. It diverts essential services from those who really need emergency care. Police should only be called when public safety is at risk or a crime has been committed. The only time EMS should be called is for a true medical emergency. Having police and EMS respond in these situations is both expensive and traumatizing for children and youth and families.

In addition, evidence suggests that such referrals are ineffective. One survey revealed that as few as 3 percent of students who were sent to the emergency room were admitted to the hospital. It appears that in many cases these students are simply released to their families and cleared to return to school the next day.

Something is wrong here. Both of the students in those recent newspaper articles have special needs. We're very concerned that the inability of schools to appropriately manage behavioral crises will only escalate as the

Department of Education moves to implement its special education reform model citywide in September of this year. In fact, the Education Committee will hold an oversight hearing on the Department of Education's special education reform hopefully next month. If not, immediately thereafter, to address some of those concerns.

We need real strategies for crisis intervention that work for all schools and we need greater access to mental health services for our students.

We all understand that there are budget constraints and it may not be possible to have a school-based mental health center in every school. But it is clear that every student with an IEP, their IEP must be met by all of the officials, regardless of the situation. It is an absolute must. It’s a violation of the law if it's not met. I don't want to hear and no one wants to hear the school doesn't have money in their budget. Because you're violating the law if that's the case.

So, we'd like to hear more about the different services model. I have to tone down

because I'm telling you I'm hearing stories that IEPs are not being met because of one situation or another. To me, that's totally acceptable. So let me just tone down a little bit before I get a little more excited. That's why I had to bring it down a little bit.

So, we'd like to hear more about the different service models available and about their effectiveness and cost.

The *New York Times* article described an alternative program developed by Turnaround for Children, a nonprofit agency currently working in 25 schools that trains teaches, guidance counselors and social workers to recognize mental health problems early and diffuse the explosive situations. Each school is also paired with a nearby mental health clinic that can treat a child in crisis on short notice.

There also seems to be a lack of information available for parents, students and teachers on the different types of programs available. Increasing awareness and information about mental health issues and available programs is an essential first step in preventing problems

from arising in the first place.

At today's hearing, the committee will examine the Department of Education's school-based mental health services and consider how such services can be expanded to serve a greater number of students. We also look forward to hearing testimony from health providers, parents, students, educators, advocates, unions and others regarding their concerns about mental health services in our school and recommendations for improvements in this area.

I would like to remind everyone who wishes to testify today that you must fill out a witness slip, which is located at the sergeant-at-arms desk, where you entered the room. To allow as many people as possible to testify today, we will limit testimony to three minutes. I'm going to ask my colleagues to limit their questions and comments to five minutes.

[Pause]

CHAIRPERSON JACKSON: So let me correct part of my opening statement where I said that there are about 300 of the New York City school-based management health clinics and

approximately 1,700 schools. We received information this morning from the Department of Education, and they will also communicate that, that there are 180 different sites that serve 216 schools. So that's to be corrected, and they will expand on that.

But let me just introduce additional colleagues that are here and I'll turn it back over to our Chair Oliver Koppell. Ruben Wills of Queens is in front of us. Mark Weprin of Queens has also joined us, along with our colleague Lew Fidler of Brooklyn.

With that, we would like to now hear from the Department of Education. Oliver, can you take care of it.

CHAIRPERSON KOPPELL: We've been joined by a number of representatives. First among them is Deputy Chancellor Kathleen Grimm, who I know is extremely active and very effective in her work as deputy chancellor. We appreciate your being here. I don't know how you testify at all these hearings and also get anything else done, but you do. Perhaps you'd like to introduce your colleagues who are here?

KATHLEEN GRIMM: Yes, thank you very much. I'm delighted to be here today. I think testifying at these hearings energizes me for my other work. Greetings, everyone, I am joined here today by my colleague Lily Tom, on my right, who is Assistant Commissioner, Bureau of Children, Youth and Families, the New York City Department of Health and Mental Hygiene.

I am also joined in my left by Dr. Roger Platt, who is the Chief Executive Officer of our Office of School Health. In addition, some other people who you may here from: Scott Bloom is the Director of School Mental health Services.

CHAIRPERSON JACKSON: Can he raise his hand so we can see who he is?

KATHLEEN GRIMM: Right here.

CHAIRPERSON JACKSON: Okay, thank you.

KATHLEEN GRIMM: The Office of School Health, and Elayna Konstan, who is the Chief Executive Officer of the Office of School and Youth Development. All of these people play a very important role in the delivery of all of the services that we deliver to our children.

So I want to thank you all very much. If I may take a few minutes to discuss the general ed mental health services. We are limited our discussion to our general ed student population today and not the District 79 population, which is really another entire program of mental health services.

CHAIRPERSON KOPPELL: Right.

KATHLEEN GRIMM: The Office of School Health, by the way, is a joint program of the Department of Education and the Department of Health and Mental Hygiene. It is to my knowledge unique in this country, where a school district and a local health department work together to make sure we are providing a full range of health services to our children.

It was indeed created to support the emotional health and academic growth of all students through a very comprehensive offering of integrated supports and services.

As already been noted, in New York City, the mental health needs of children are quite significant. The Department of Health and Mental Hygiene's Children's Community Health

Survey done in 1009, indicates that at least 9 percent of our 6-12 year-olds have received a mental health diagnosis. Further, according to the 2011 Youth Risk Behavior Survey of our city public high school students, over a quarter, 27 percent, reported persistent feelings of sadness and hopelessness, and 1 out of every 13 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, after all, are uniquely positioned to identify children with emotional difficulties and psychological stress, and to support families in obtaining the help that 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 in a school, 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 then 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 of these services are geared towards prevention, others are geared toward intervention. As I said earlier, there is an entire spectrum. Taken together, we are now providing a consistent level of services that makes use, the best use of our existing resources.

One of OSYD, the Office of School and Youth Development, one of its responsibilities is to help schools support the social and emotional wellbeing of all students, recognizing the importance of this aspect of their development in achieving not only academic success but success in life in general.

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.

We have guidance counselors, social

workers, our Substance Abuse Prevention and Intervention Specialists, our SAPIS workers, and other school support staff to work with students on an ongoing basis to help students deal with challenging situations and make better choices. In addition, emotional and mental health lessons are part of the Department'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 abuse counseling, grief counseling, stress management, anger management. This work is often done by partnering with community-based organizations, which provide counseling services by licensed clinical social workers.

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

School Health manages and coordinates mental health services at

approximately 600 schools through a combination of mental health services provided in onsite mental health programs, in School-Based Health Centers, 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 simply cannot 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 whether that is internal or external.

These programs and services are supported from multiple funding streams, including City and State funding, Medicaid, and other third party insurance. I would like at this time just to pause to thank Speaker Quinn and the many members of City Council for their investment in the construction of several of our school-based health clinics.

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. These clinics are typically staffed by licensed social workers, psychologists or psychiatrists from a community-based mental health organization or hospital. These SBHCs, as we call them, also provide mental health services in addition to a range of primary care services and are also licensed by the State.

I'm sorry, just to be clear. I've just discussed two kinds of programs. The first one is strictly mental health programs and they are in 216 of our schools. Our school-based mental health clinics provide mental health services but also provide the full range of primary medical care to students. They are also licensed by the state and similarly staffed. There are currently 101 of these school-based health centers that provide full or partial mental health services to 239 schools.

The school-based mental health programs, and a majority of our school-based health centers, provide a wide range of mental health services in schools, including identification of high-risk students with

behavioral and emotional needs, therapy whether it's individual, family or 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 insurance. Many of the providers also have funding through their agency or organization.

In addition, the New York City Health and Hospitals Corporation provide school-based mental health services in partnership with the Department of Health and Mental Hygiene and staff from city hospitals at six of our 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. So this training enables 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, our STARS program, Screening the At-Risk Student, a 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 the Department of Health and Mental Hygiene and the New York State Office of Mental Hygiene, the Office of School Health 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, all to open channels for collaborative community partnerships for the entire the school community around academic achievement, dropout prevention, positive school culture and school safety. Five of these schools employ a Mobil Response Team model. .

In response to school staff referrals, the Mobile Response Team conducts

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

Finally, in November 2011, New York City launched a web portal for teen services which includes information, resources, and access to help. The portal 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 and resources in New York City. The Mental Health Association of New York City continues to operate the city's LifeNet information and referral hotline and this resource is also on the New York City 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 all of our students. There remain several significant challenges to expanding mental health services in schools namely available resources and the shortage of child and adolescent mental health providers.

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 to ensure that every one of our students has access to mental health services. We, of course, work very closely, as I said earlier, with the Department of Health and Mental Hygiene in this very, very important area of public health. And of course, we look forward to continuing our work with the City Council on this issue. And with

that, we are very happy to take your questions.

CHAIRPERSON KOPPELL: Thank you very much for that testimony. It's fairly clear that while you provide a lot of services, they're not comprehensive in the sense of covering every school and there are different services provided in different schools.

In terms of our expanding these services, I mentioned in connection with my opening statement that one thought we had is to require and to provide the money for it, that every school-based health center offer mental health services.

How many school-based health centers do you have? I didn't see that in any of the numbers we've gotten, the total number of school-based health centers.

KATHLEEN GRIMM: We have 126 school-based health centers. Twenty-five of them, I believe, only provide primary care; they do not provide mental health services. The rest of them either provide mental services directly or work with a CBO onsite to provide mental health services. So that would be an area that we could

discuss with you.

CHAIRPERSON KOPPELL: So, you're saying that of the school-based health centers, there are only 25 that now don't provide mental health services?

KATHLEEN GRIMM: That is correct.

CHAIRPERSON KOPPELL: Those 25 schools that don't provide those services, what is the nature of those? Are those elementary, middle schools, high schools?

KATHLEEN GRIMM: Go ahead.

DR. ROGER PLATT: I'm Dr. Roger Platt. There are 25 sites that don't provide services. They cover 39 schools. They're a mix of schools. They include five high school sites. I can't give you a breakdown between middle school and elementary school sites, but it's all across the board, those 25.

CHAIRPERSON KOPPELL: If we started out and we said that at least those 25 should include a mental health component, do you have any idea what that would cost?

DR. ROGER PLATT: I think, once again, it depends on the robustness of the

program. But a round figure would be that if you want a full time psychiatric social worker at a site, with appropriate support, that would be about $100,000.

CHAIRPERSON KOPPELL: So for 25 that would be, what would it be?

DR. ROGER PLATT: $2.5 million.

CHAIRPERSON KOPPELL: $2.5 million. So, for $2.5 million, we would at last provide that each school-based health center would have the capacity of doing mental health counseling and assistance.

KATHLEEN GRIMM: Yes. We would want to pursue it because there would be some other factors. We don't operate these centers. They are operated by independent providers. So the providers would have to agree and we would have to have the space there. But that would be certainly worth a discussion.

CHAIRPERSON KOPPELL: So currently the school-based health centers, they're funded by the Department of Education?

KATHLEEN GRIMM: No, they are not.

CHAIRPERSON KOPPELL: None of the

school-based health centers are funded by the Department of Education?

KATHLEEN GRIMM: None. All of them, the providers, very often a hospital, usually a hospital, that is often very close to a school. They make an application to the New York State Department of Health, which licenses them. They provide these services. Now, they are able, in many cases, to bill Medicaid or managed care or private insurance for some of these children, but they do have to provide the services regardless of insurance.

CHAIRPERSON KOPPELL: So what is the role of your department then in providing these health services?

KATHLEEN GRIMM: First of all, we have to provide the space. There has to be space for them. We work very closely, Dr. Platt then works with the provider in terms of arranging a memorandum of understanding with them in terms of all the services they're going to provide for our children.

CHAIRPERSON KOPPELL: If we as the Council want to expand the mental health services,

let's take a start, these 25 different ones, who would we discuss that with in terms of the budget, with you or with the Department of Health?

KATHLEEN GRIMM: Well, I think you'd start discussing it with us. But we would have to extend that conversation to the actual providers of the services in these schools.

CHAIRPERSON KOPPELL: Do you have a contract? Let's assume, for instance in my district I know that Montefiore Hospital has three school-based health centers in three schools in my district. And actually, those centers do provide some mental health counseling. Who enters into the contract with Montefiore Hospital or the arrangement with Montefiore Hospital?

DR. ROGER PLATT: All of these situations are different. The majority of the school-based health centers get a grant from the state and they have an arrangement with the state for that grant. New York City does fund 11 school-based health centers through the Department of Health and Mental Hygiene, including a few in the Bronx. In that case, my office, the Office of School Health administers those funds and writes

the contracts with the providers.

CHAIRPERSON KOPPELL: So if we wanted to expand the services that are provided, we would provide the money to the Department of Education to flow it through or no?

DR. ROGER PLATT: I think that would be a discussion. It could be the Department of Health. It would be either the Department of Health or the Department of Education.

CHAIRPERSON KOPPELL: So if we covered those 25 schools, then we would cover every school that currently has a school-based health center. Is that correct?

DR. ROGER PLATT: That is correct.

CHAIRPERSON KOPPELL: What about since you cover, in terms of even your partial programs or you programs that are covered with community-based organizations that you mentioned in your testimony, if we were to say we wanted to cover all the schools and make sure that each school had a contract either in the school or at least with a community-based provider, do you have any idea what that would cost?

DR. ROGER PLATT: I think a good

starting point would be to say the minimum cost would probably be $100,000 per school if you wanted to have a fulltime psychiatric social worker in that school. If you wanted a more limited model, then the cost would depend on exactly what model was being used.

CHAIRPERSON KOPPELL: I'm aware that at least one school in my district, the principal has allocated some money to get a mental health counselor to come from a community-based mental health service to the school. So it's feasible for principals to use some of their school budget for that purpose?

DR. ROGER PLATT: Yes, it is. In fact, we have a mechanism that permits that to happen. It’s called the PQS mechanism. But unfortunately, there has not been much use of it because the principals have not felt they had funds that they could allocate for that purpose.

CHAIRPERSON KOPPELL: Could we require in any way or could we agree with the Department that principals would be encouraged to enter into these contracts?

KATHLEEN GRIMM: Well, we certainly

encourage them now. It's the reason why we put the contract in place so that principals can take advantage of it. As Dr. Platt said, school resources, while they remain the same this year, have been restrained over the last few years, and principals have not been able to take advantage of it.

CHAIRPERSON KOPPELL: Well, some principals have.

KATHLEEN GRIMM: Some, absolutely, yes.

CHAIRPERSON KOPPELL: I know at least of one case, maybe more than one.

KATHLEEN GRIMM: There are more than one, yes.

CHAIRPERSON KOPPELL: Now, under the school-based budgeting regime, is that totally up to the principal or can the Department require that a certain amount of money be spent, say, on mental health consultations?

KATHLEEN GRIMM: Well, as you know, under the structure we have in place, we do grant a great deal of autonomy to our principals. We ask them to manage their budgets in the best way

for their school. So we do not usually mandate any amount of money for a particular use.

CHAIRPERSON KOPPELL: So it wouldn't be possible to come to an arrangement where let's assume we had the money, although I don't know whether we do, but where we would say each school should get $100,000 to enter into some sort of partnership arrangement. Maybe not $100,000 each school, maybe per pupil, I don't know how you would do it. But that would not be a feasible thing to do?

KATHLEEN GRIMM: Well, I think it's worth a conversation.

CHAIRPERSON KOPPELL: Okay. Do we have a list? Yes, we do. Council Member Rose, you're first.

COUNCIL MEMBER ROSE: Good morning, how are you? I'm very concerned about the suicide rate and the availability of services in the schools. In Staten Island, we have the worst suicide rate of young people among blacks. It's 11.6 percent, and the second highest among young Hispanics, which is 14.1 percent, and 16.5 are Latinas.

So, I was wondering, how do you determine which schools have these onsite or have these specific mental health services available? What are the criteria that you use to determine? Could you tell me how many of my schools have any mental health based programs?

KATHLEEN GRIMM: Well, I can't tell you right here, but we can certainly get that information to you right after the hearing. I'd like to talk a little bit about the spectrum of services that we provide in this case.

We first of all have a regulation with regard to suicide situations, which exists in every single school. Elayna, if you want to talk a little bit about that service, which is basically a prevention service and then we'll talk a little bit about the intervention services.

ELAYNA KONSTAN: Hi, good morning everyone.

COUNCIL MEMBER ROSE: Good morning.

ELAYNA KONSTAN: So, the Chancellor's Regulations--

CHAIRPERSON KOPPELL: [interposing] Before you speak, would you please identify

yourself so it's on the recording?

ELAYNA KONSTAN: Sure. Elayna Konstan, the Chief Executive Officer of the Office of School and Youth Development.

CHAIRPERSON KOPPELL: Before you speak, I just want to mention to my colleagues that we're on the web live. Some of you weren't here at the beginning when I announced that. So you should be aware that your constituents will be able to see you.

COUNCIL MEMBER ROSE: We'll be on our best behavior.

CHAIRPERSON KOPPELL: Thank you.

ELAYNA KONSTAN: So Chancellor's Regulation 755 kind of outlines the school's responsibility in terms of putting in place a suicide prevention plan in every school. Every school has to identify a liaison who is the Suicide Prevention Liaison. That liaison is a member of the Crisis Response Team at the school.

In addition to this liaison, there are the substance abuse prevention intervention specialists, aka SAPIS workers. The guidance counselors are part of this plan. Obviously the

principal is part of this crisis team. If there's a school-based health or mental health clinic in the school, they can be part of the team as well. It's a variety of staff who are part of this team.

They have many responsibilities. One of them is to put together a crisis response plan that the school needs to utilize, revise when needed and come together where there are crises. This plan is actually documented on something called the School and Youth Development Consolidated Plan. So there is a documented plan that every school must have.

In addition, this crisis team of which the suicide prevention liaison and the child abuse prevention liaison is on this team, and usually they're the same person. They actually do the training in the schools for the teachers and the staff, so they learn how to recognize the signs of students who are exhibiting signs of sadness, depression, loss, isolation. These are the signs of possible suicide. As well as what the school staff needs to do if a child has a behavior or says something, in terms of what their response is and what their response is not, like

leaving the child alone. I mean there are specific things that a school must do.

My office, along with network structures provides guidance for the schools and training. We work closely, for example, with Samaritan, who does borough-based trainings on this work, with school-based staff as well as network-based staff as well as SAPIS workers in terms of what the response needs to be and the signs, and how to develop this plan, what to look for, et cetera.

We also work with the Jewish Board for Family and Children's Services that's done a lot of work on grieving, on signs of self-injurious behavior and what to do when you see that, on communication. So there's a lot of work that the schools do around suicide prevention.

COUNCIL MEMBER ROSE: So every school avails themselves of those services to prepare their response team?

ELAYNA KONSTAN: That's correct. There's also guidelines and checklists that's part of the Chancellor's Regulations that needs to be disseminated to the school, all school staff, in

terms of what to look for and then key things to think about in terms of prevention and postvention if in fact an unfortunate situation happens where a child does commit suicide: what do we need to do in the community to be able to heal and address and grieve.

We've also developed, across the system, a whole crisis intervention response system that starts at the school with this crisis response team. Then there are network crisis response teams and cluster and also folks from my office when the crisis warrants much more additional support. So we have that network across the department of support to support schools.

COUNCIL MEMBER ROSE: So the intervention program is pretty much just that you're dealing with it on a prevention basis. So, if it's an emergency, you just send them out to an emergency room?

KATHLEEN GRIMM: I'm going to ask Dr. Platt to answer what the interventions would be in a critical case.

DR. ROGER PLATT: There are 14

schools on Staten Island that have onsite mental health. One is a school-based health center. The other 13 are school-based mental health programs. One of the limiting features on Staten Island has to do with the interest of the providers in offering this service. There is basically only one provider on Staten Island.

COUNCIL MEMBER ROSE: Staten Island Mental Health Society.

DR. ROGER PLATT: That is interested in providing these services. And that's true citywide that there is significant variation in the number of providers in a given area that are interested in providing these services, either school mental health programs or school-based health centers.

COUNCIL MEMBER ROSE: What makes it critical that a school would seek out these services? I mean, is no guideline that says that a principal must seek out these services for their school, based on the need? Is there a correlation between school suspensions and the need to have mental health services in the school?

KATHLEEN GRIMM: When it comes to

the school-based health centers, that's really driven, as Dr. Platt indicated, by the providers. You know, we need a hospital or another one. When it comes to the health programs, it's also somewhat driven by the providers, but we also look at data. Maybe Scott Bloom would like to say a few words, because he's very instrumental in trying to hook up schools with those programs.

SCOTT BLOOM: Hi, good morning.

COUNCIL MEMBER ROSE: Hi.

SCOTT BLOOM: I'm Scott Bloom, Director of School Mental Health Services. It really varies in terms of the type of services that are available, as Kathleen said and Dr. Platt, the capacity, what services are available in the community. Often, a school will call me and say I'm interested in this, interested in the services. So then we have to do a matching.

So the first thing I do is a needs assessment. I'll meet with the principal and his or her support team, so that I get all the key stakeholders within the school to tell me what their needs are, what are the population, what are the kids like, what are the families like, what's

the culture of that school and the school climate. So that we don't just pick any agency and that we try to really fit that together. Then we go and look at the agencies, see what's available.

Now, there are a number of barriers or limitations on that. It could be if it's an RFP or a grant, we have to abide by that model. If it's a certain location, then we have to see-- we don't want parents going five or six subway stops if they need to see a psychiatrist or on a Saturday. We want them to be closer to the school.

I work a lot with Elayna's office, the Office of School and Youth Development in terms of schools that may be at risk. I also work with a number of the CFN, which is the Children First Network, liaisons that are youth development and health liaisons, because they have the eyes and ears of those specific schools. And so that I can call upon them to say we have an agency that's willing expand services in this area, what are those schools that keep calling you that want these services? Then I have a meeting with them and we begin the collaborative process, working

with a number of the mental health agencies that are here in this room.

COUNCIL MEMBER ROSE: My last question. Is there no data that drives the Department of Education saying there needs to be a center or expanded mental health services in a school? Is there any data that you collect that would make you then say this is a school that needs it? It seems strange to me that you wait for a mental health provider to initiate that outreach.

SCOTT BLOOM: Well, part of that comes from again there are a number of barriers to that. Part of it has to do with funding; part of it has to do with capacity. The State Office of Mental Health is in a clinical restructuring, so some of those kinds of services that mental health agencies used to be able to bill for, they can't. There has been Medicaid redesign through the state. Third party insurance pays back maybe a third of what they can get. So some of these agencies are pulling out of schools or can only limit. So we're looking at supply and demand a little bit here s well.

KATHLEEN GRIMM: You make a very good point, Council Member. We'll take a look at that.

COUNCIL MEMBER ROSE: Thank you.

CHAIRPERSON JACKSON: Thank you. The next person, and my colleagues, we have I think about 25 people who want to testify, so we have to move along, even though obviously the subject is important. Council Member Brewer is next.

CHAIRPERSON KOPPELL: Before we entertain Council Member Brewer, my colleague, we've been joined by Fernando Cabrera of the Bronx in front of us, Danny Dromm from Queens, and Council Member Margaret Chin from Manhattan. I said Levin earlier. Before, Gale, if you don't mind, I want to ask one question.

COUNCIL MEMBER BREWER: Sure, go ahead.

CHAIRPERSON KOPPELL: Part of the Q&A questions that we sent to you, Deputy Chancellor, and the Department of Education, we asked to please provide us a list of all of the school-based mental health clinics with the names

of the school that each serves and the number of students that are served. To my knowledge, we don't have that list. So why don't we have that list, as far as the name of each group or CBO that serves the school and approximately the number of children served?

In my opinion, that should be a list that you already have.

KATHLEEN GRIMM: We do. You will have it before the--

CHAIRPERSON KOPPELL: [interposing] Well, it was not provided to us this morning and we asked for it last week.

KATHLEEN GRIMM: My apologies, but we do have it for you?

CHAIRPERSON KOPPELL: You do?

KATHLEEN GRIMM: Yes.

CHAIRPERSON KOPPELL: Can somebody email it to us right away, so we can print it out so members can see? Because, in my opinion, you know they said that they're updating it. That's what we heard. And I'm saying updated? You must have a current list, so provide the list. Jan? Give it to Jan please. I mean that type of

information before we begin the hearing, we would like to look at, and we didn't have it before the hearing.

KATHLEEN GRIMM: My apologies.

CHAIRPERSON KOPPELL: Council Member Gale Brewer?

COUNCIL MEMBER BREWER: Thank you very much. I appreciate the chairs. I know Oliver and I have been talking about this topic for a long time, maybe four or five years. I appreciate DOE and Health. I know Dr. Platt is the only human being with both a DOE and DOH ID and that's really cool. And I also--

KATHLEEN GRIMM: [interposing] There's a downside to that too.

COUNCIL MEMBER BREWER: He knows both sides of the issue, which I've been trying to communicate for the last five years. I want to thank Lily, because she certainly listened to me rant and rave at the mental health hearing the other day.

So my question are this: one is when I talk to the folks who are working in the clinics in my schools, one of the issues that

you'll hear a lot about is young people get referred--and I think it was alluded to in Robert Jackson and Oliver Koppell's opening statements--to the psychiatric hospitals. My understanding is in 2008-2009, 868 times. I want to know if you have updated numbers, but I want to know how to stop that number. I believe strongly, I've had a child, as you probably know, who has developmental issues. He was HC 30, so that was 100 years ago. But I am familiar with young people who got these challenges.

My question is how do we cut that number down? It is expensive at the hospital level. Number two: I don't believe, and I want to get your opinion on this, that when you have an outside referral, that teenagers go. They don't go, period. So the question is if you're going to have calm in the school and if you're going to have young people who are able to learn, you absolutely have to have culturally appropriate mental health services. I don't understand really from the DOE perspective why you don't say this is a huge issue for us. We want to have these services. Not just for the young people but for

the teachers and the parents and the whole community.

So, number one, how do you cut that 868 or whatever the current number is? What is the DOE executive order that mandates that principals get so nervous that they have to send people to the hospital because they are frightened of whatever DOE is going to do to them if they don't? Second, do you not believe that outside referrals don't work and that you should have more internal quality-based mental health services for the whole community, not just for that student? I know some of you do believe that, but I won't say who in this audience, at DOE and Health.

KATHLEEN GRIMM: Well, I think all the things we're talking about today are the efforts that we're making to make that number go down. I do have up to date information, unfortunately for this year I think was 10 that you had, unfortunately for the next year, we have a number of 978.

COUNCIL MEMBER BREWER: Okay.

KATHLEEN GRIMM: So we have work to do, because that number is not going in the right

direction. I think, as I said in my remarks, what we can provide at the school level is certainly much better for many, mean reasons, both in terms of do teenagers actually do what you tell them to do--

COUNCIL MEMBER BREWER: [interposing] They don't.

KATHLEEN GRIMM: --when you refer them to the outside. I think we know the answer there. So we are interested in providing as much as we can. With regard to the principals and the staff at school who make those calls to the emergency hotline, I think what we're trying to do in terms of professional development with the work that Elayna does in all of our schools, in terms of trying to prepare our staff and our principals for crisis situations is what we do and what we will continue to do.

COUNCIL MEMBER BREWER: I got it, but that executive order needs to be redone and consulted with DOH and the advocates to think of different wording if that's just part of the problem. Because everybody is so scared, understandably, that somebody is going to commit

suicide that they send them immediately to the psychiatric ward. Wrong place. No follow-up. The people are discharged quite quickly. Nobody is going to go to the health clinic, be it Ryan, Nina, anybody else. They're only going to talk to people at the school.

So you're not creating less pregnancy, less drug abuse, less suicide, because you're not doing what makes perfect sense to every provider. I want to say you are so fortunate to have this group of providers. They are incredible. I don't always say that about a group of individuals who have not gotten full reimbursement and who continue nonetheless to provide these services to these kids. So I think you should look at that executive order, or whatever it's called at DOE, and write it in consultation with the largest community so you're achieving the goal, which is to help the young people and not just doing a bureaucratic release of tension, understandable by the principal, because he or she is scared to death, we're not trained in mental health. Can I go second round, sir?

CHAIRPERSON KOPPELL: You've got another minute, Gale. Go ahead.

COUNCIL MEMBER BREWER: Okay. My other question is how do you handle the ongoing--I know you talked about the training for the rest of the school but in those situations where there is an ongoing mental health, and there really are a lot of schools. I think there are, and I want to check with you, less schools providing mental health than last year--that's my other question--because of funding. So I wanted to see if we could get those numbers. What was the last year number for mental health? My understanding is it's gone down 10 percent.

KATHLEEN GRIMM: We're consulting.

DR. ROGER PLATT: I don't have an exact count, but at its peak, we had 268 programs. We're down to 216. So we've lost 50 programs over the last few years.

COUNCIL MEMBER BREWER: Then finally, I saw that you had done a survey of principals in your answers to the chairs regarding how you're looking at this. My question is some of them respond; some of them don't. My question

is do you find where you have quality mental health services, and a psychiatrist by the way would help, even on a part time basis, deal with this executive order problem. I won't get into all the specifics. If it's a psychiatrist, then it may not have to use the emergency room psychiatrist.

But the problem is: are you analyzing where you have these quality services? They have to be quality. Then do you end up with lower tension, knuckleheads, et cetera, in the classroom so that the teachers can teach?

CHAIRPERSON KOPPELL: Thank you, Council Member Brewer--

KATHLEEN GRIMM: [interposing] Well, we certainly monitor the quality. In fact, not all centers or programs are created equal and some of the closures actually were sort of mutually agree to, because we weren't happy with the services.

COUNCIL MEMBER BREWER: Then you need to provide better services.

KATHLEEN GRIMM: Or better providers.

COUNCIL MEMBER BREWER: That's what I'm saying, the same thing.

KATHLEEN GRIMM: Yes.

COUNCIL MEMBER BREWER: But I'm just saying what kind of evaluation are you doing to see if these services, the ones that you have are creating what we want, which is a level playing field to be able to do the teaching that's needed, and to have support for that community?

CHAIRPERSON KOPPELL: Thank you, Council Member Brewer. As soon as they--

COUNCIL MEMBER BREWER: [interposing] Can I get one answer from Dr. Platt? And then I'm done.

CHAIRPERSON KOPPELL: Yeah, sure. Sure.

DR. ROGER PLATT: Sure. Unfortunately, we don't have quantitative data that we could apply here. Scott Blum, who is one person, does his best to make a qualitative assessment in many situations, but we don't have the quantitative data that would allow us to make that assessment.

COUNCIL MEMBER BREWER: Thank you.

CHAIRPERSON JACKSON: Then who does? I mean, if in fact, they're in our schools, who makes that evaluation to determine whether or not something is working or not and providing the appropriate level of satisfactory services for our children? Who makes that? Just identify yourself please before you begin.

LILY TOM: Sorry. Lily Tom, Assistant Commissioner from the New York City Department of Health and Mental Hygiene.

These clinics are overseen and licensed by the New York State Office of Mental Health. There are scheduled visits that they go out to look at these programs, looking at their policies and procedures, reviewing their case records to see whether appropriate services are being provided. If not, they are required to submit a corrective action plan to the state.

CHAIRPERSON JACKSON: Okay.

LILY TOM: So that's what--

CHAIRPERSON JACKSON: [interposing] So you're saying the state oversees.

LILY TOM: Generally--

CHAIRPERSON JACKSON: [interposing]

Who do they report to? For example, do they give it to you, since they're in our schools, for us to look at that? Or how does it work? Because if, in fact, we're saying--we, when I say the Department of Education and the Department of Health is saying well we don't oversight on whether or not they're providing satisfactory services, it's state and then we wash our hands of it? No, no, I'm just giving you--that's inappropriate. So, I need to know how often do you get reports? Is it yearly? Is it semi-annually? Or is it once every five years? When we determine, meaning DOE and Department of Health, determine that something is not working and cut it off?

LILY TOM: So the state goes out, depending on the quality of their licensing term. So the shorter the licensing term means that the program is not performing as well. They will go out more frequently.

As Deputy Chancellor Grimm just referred to how schools really manage this individually, they know that if a school is not doing well--

CHAIRPERSON JACKSON: [interposing] Who knows that?

LILY TOM: The schools would, you know--

CHAIRPERSON JACKSON: [interposing] They would say basically things are not working out, so forth and so on?

LILY TOM: Exactly.

CHAIRPERSON JACKSON: That's not an evaluation. That's one thing--

LILY TOM: [interposing] We understand that.

CHAIRPERSON JACKSON: One thing is giving feedback. So a question to you, the evaluation by the state, is that public information? Can we see, for example the City Council, or can an advocacy group see the evaluation of a particular school-based mental health program provided by Robert Jackson and Company? Can we see that?

LILY TOM: The state has a website where you could go on and actually check a provider's tier rating. It would be in the website of the--

CHAIRPERSON JACKSON: [interposing] Would it show, for example--

LILY TOM: [interposing] Tier one, two, three.

CHAIRPERSON JACKSON: Would it show that's in PS A, B, C, a particular school?

LILY TOM: It would show that a provider of that particular clinic.

CHAIRPERSON KOPPELL: Okay. So we have a list provided by you. It has the providers of the various clinics in our schools. So, for example, I could then go to the State Department of Health?

LILY TOM: New York State Office of Mental Health.

CHAIRPERSON JACKSON: And I can look at, for example--

LILY TOM: [interposing] The provider.

CHAIRPERSON JACKSON: --whatever the provider is and hopefully it'll give as breakdown of particular services being provided at a school, whether or not that's satisfactory or not?

LILY TOM: The clinic.

COUNCIL MEMBER BREWER: If I could just say. It doesn't indicate the quality of the difference in the school; it just talks about the clinic. I'm looking at is the school calmer, and I'm using that in a generic sense. That's what I want to know.

CHAIRPERSON JACKSON: Okay.

KATHLEEN GRIMM: I think we're talking about two different things, and I think a very important point has been made here. Certainly, the New York State professionals will oversee the professional services. What you're looking for, and I think it's a very good point; we need to think about how can we measure with our data whether it's having some kind of impact? Now maybe we can't, but I think we have an obligation to go back and try and work with our own data to see if we can do that.

CHAIRPERSON KOPPELL: Let me just interrupt for a moment and just say that we got this response only last night. So we haven't had a chance to review it. But you do say in this response, which I think does come from the

Department of Education. Well, the pages aren't numbered, but it says here--I'll read it to you.

It says: OMH provides oversight. OMH has not yet done the type of evaluation system-wide but the Promise Zone initiative is starting to collect outcome data. I assume that's what we're referring to here, right?

LILY TOM: Yes. We're looking at schools.

CHAIRPERSON KOPPELL: So, you're looking at outcome data, which is what the chair of the Education Committee was asking about, which I think is a good idea. I note that that you say here in this response that about half of the principals who you asked to evaluate these programs evaluated them highly. You know, I think that the point the Chair made, and I agree with that, is that there should be at least annual evaluation, at the very least, an annual evaluation by the principal, if not more, of each of these programs.

COUNCIL MEMBER BREWER: I want an outside group to look at it.

CHAIRPERSON JACKSON: Go ahead,

Deputy Chancellor.

KATHLEEN GRIMM: I think we need to go back and look at what we might be able to do in this area. As I say, I don't know if we can do it. But I think we owe it to everybody and especially our children.

CHAIRPERSON JACKSON: I think it raises exactly the point that everyone is raising. For example, in today's *Daily News*, it says "charter fools, knee jerk schools boot two troubled kindergarten students out of school." This is an article exclusive by Rachel Monahan of the *New York Daily News*. So I mean here are two examples by the *Daily News*. Plus, as I indicated in our opening statement, we have heard--I met with Lawyers for New York City--Legal Services NYC, where they were telling me that this is happening all over the place.

KATHLEEN GRIMM: What is that?

CHAIRPERSON JACKSON: Where kids are being sent to the emergency room and there is no psychiatric need to. Because there is no control of the situation at the school level, and so are we leaving this, for example, to the State

Mental Health to address why these kids are being thrown out of school? I would hope not.

KATHLEEN GRIMM: No, I think that's a different topic.

CHAIRPERSON JACKSON: It's not a different topic. It's the same topic. When supposedly in this article, kids are being thrown out of school and said don't come back until you have a psychiatric evaluation. Are principals, are they psychologists or psychiatrists to determine somebody not to come back to school without a psychiatric evaluation? So parents now have to stop working, doing whatever they have to do. People are struggling to survive. In order to try to get their kids evaluated, because the administrators, whether it's a charter school or a public school it doesn't really matter to me. They have to now, in order to get their kids back into the school. Deputy Chancellor, come on, somebody talk to me now.

I'm not asking for a technical answer. I'm saying where is the accountability at DOE to find out what is going on? And especially, like, for example, I don't know if this is only

new to you today, it's new to me today. But if this is no new, I want to know what's going on with these two cases. Who from the Department of Education is looking at what's going on? It should not be left to the New York State Office of Mental Health to determine that.

KATHLEEN GRIMM: Certainly not. It is new to me today. I have no immediate knowledge or personal knowledge of it. I am sure someone at the Department is looking at it quite closely this morning.

What we're talking about here with the New York State is not the day-to-day management of our schools. We're talking about the oversight under very specific state law of certain school-based health centers and school-based mental health programs. A different topic I think.

CHAIRPERSON JACKSON: Deputy Chancellor, it is an oversight hearing on school-based mental health services.

KATHLEEN GRIMM: Yes, sir.

CHAIRPERSON JACKSON: But one of the primary reasons, primary reasons for this

hearing was because Oliver Koppell, Steve Levin, Gale Brewer and others said we must have an oversight hearing on school-based mental health services. That's number one. And number two, because of the meeting I had with attorneys that are representing children that are being thrown out of school, literally thrown out of school and said don't come back, and sent to the emergency room by ambulance. Which their parents now, if they don't have insurance, they've got to pay for EMS, hundreds and hundreds of dollars. That's one of the primary reasons why we're holding this hearing.

KATHLEEN GRIMM: I applaud you for holding this hearing. We welcome this hearing. This is a really, really important topic. We, I think, have made great strides in addressing it and have not done enough. I welcome the opportunity to do more about these issues.

CHAIRPERSON JACKSON: Thank you, Deputy Chancellor. Let me turn to my colleague Oliver Koppell.

CHAIRPERSON KOPPELL: Thank you. I just would comment for my colleagues also to

understand how helpful it can be. We provided some funding to the Riverdale Mental Health Association. I as a Councilman provide some discretionary funding. That is an outstanding mental health community-based organization.

I met with the principal of the school where they're providing services. She pointed out how they had particularly a couple of disruptive students and how by having this psychologist come from the Riverdale Mental Health on a regular basis and deal with those students, the students were no longer disruptive. They were allowing the other kids to learn and they were getting some attention which they needed, those students who were disruptive.

That's exactly an example of how these services can work effectively to provide the support.

KATHLEEN GRIMM: Absolutely.

CHAIRPERSON KOPPELL: Council Member Cabrera?

COUNCIL MEMBER CABRERA: Thank you so much to both of the chairs for holding this hearing. Welcome. Let me echo Council Member

Brewer's observation that I truly do believe that it should be an outside agency validating these groups. Principals, number one, they have enough work. Second of all, they're not qualified to make anecdotal observations about a field that they're not--as you know, Doctor, they're not qualified to be able to say whether it's working or not.

I think fundamentally your problem in this regard is that you don't have enough staff that's licensed to make a diagnosis. That's your problem. You have certified school counselors who are not licensed to diagnose the problem. They might make some observations. They may make some recommendations or referrals. But they're really not licensed to do that, as you know. School psychologists, the school social workers, only those who are licensed have been granted the right to make the diagnosis.

So I think part of the problem that we're having here is that we have people who are not licensed making judgments whether somebody should come back to a school or not, and they're not qualified to do that. So I think we must have

qualified people in the schools.

I mean, years ago this was not the case. Forty years ago, it was just a different environment. Having worked in a school as a school counselor, I'm a licensed mental health counselor. I've seen both worlds. I teach both in college. I could truly tell you that the day and age has arrived and if we don't prepare ourselves to do a proactive work.

So let me ask you two main questions. One, what would prohibit the schools to do the same function, to have in-house mental health clinics, seeking the third party reimbursement, as soon as we could figure out how to get our Medicaid money that we haven't been able to? But mindful of that, why can't we do the same things that the outside agencies? The outside agencies, somehow or another they're able to manage to stay there, 200 and something of them. Why can't that not be done in-house and seek for that third party reimbursement?

KATHLEEN GRIMM: Well, I think going to your first point, what we have in these providers are the licensed professionals. Mental

health really is a public health problem. We identify the delivery of those services in our schools because we know it's much better for the children and their families if we can locate these services in the schools.

But I think we want to rely on our colleagues in the Health Department, both on the city level and the state level, to do the licensure and to identify these providers who are professionals.

Now, we run into the problem there aren't enough providers in the city or in the state or in the country to really provide these services at every school level. So, I think it's incumbent upon us to work with the Health Departments to see what we can do. We have to be smart about where we place these centers and thee programs. Schools vary in their needs in terms of requiring mental health services, although, as we said before every school has prevention services.

COUNCIL MEMBER CABRERA: I don't know if I understood, if I got right what you just said that there are not enough licensed providers or licensed people to do the work?

KATHLEEN GRIMM: I would the answer would be both.

COUNCIL MEMBER CABRERA: Because I could assure you--

LILY TOM: [interposing] It's the particular bilingual, bicultural staff, as you know, we have--

COUNCIL MEMBER CABRERA: [interposing] I could assure you. There are enough colleges right now and unemployed licensed mental health counselors and social workers that we could fill all the schools. As a matter of fact, if you want to have a meeting regarding that and work with the colleges to be able to identify those, I'll be more than glad to do so.

My last question here, how many school counselors do we have and as compared to ten years ago? How many SAPIS workers are we down?

KATHLEEN GRIMM: I don't have the numbers from ten years ago. But in terms of the people in our schools who are not necessarily full time, but working at some level in this area, we have 600 nurses, we have 295 SAPIS workers, 2,800

guidance counselors, 1,200 school psychologists and 1,300 social workers.

COUNCIL MEMBER CABRERA: So are we down? I know we're down in SAPIS.

KATHLEEN GRIMM: SAPIS are definitely down because of funding.

COUNCIL MEMBER CABRERA: Way down from the days when I was a SAPIS worker. Are we down in school counselors?

KATHLEEN GRIMM: I don't have that information with me. We'd have to get that for you, Councilman.

COUNCIL MEMBER CABRERA: Thank you so much.

KATHLEEN GRIMM: Thank you.

CHAIRPERSON KOPPELL: Thank you, Councilman. We've been joined by Council Member Halloran from Queens and the next Council Member to ask questions, Council Member Levin.

COUNCIL MEMBER LEVIN: Thank you very much, Mr. Chairman. So, Deputy Chancellor, there are a number of different services obviously provided and so I'm trying to make sense of the numbers that are out there. What I get is that

there are 216 school-based mental--I'm sorry--216 school-based health centers.

KATHLEEN GRIMM: Programs.

COUNCIL MEMBER LEVIN: Programs. There are 80 school-based mental health centers, correct? This is according to--

KATHLEEN GRIMM: [interposing] No.

COUNCIL MEMBER LEVIN: This is according to your pamphlet, approximately 80 school-based mental health clinics.

KATHLEEN GRIMM: I'm not sure what you're looking at, but--

COUNCIL MEMBER LEVIN: [interposing] I'm look at the New York City Department of Health and Mental Hygiene and Department of Education offers school health, school mental health, New York City school-based mental health services programs. The flier here says under school based mental health centers, approximately 80 school-based mental health clinics. And then school-based health centers, approximately 130 provide onsite primary care.

KATHLEEN GRIMM: I think those numbers are outdated. I'm going to repeat them

for you but let me suggest--

COUNCIL MEMBER LEVIN: [interposing] I really don't--sorry, Deputy Chancellor, I don't want to really haggle necessarily over the numbers of each particular program.

KATHLEEN GRIMM: Okay.

COUNCIL MEMBER LEVIN: What I want to know is how many schools are there no services provided? How many schools in New York City, of the 1,700 schools, do we not provide any services whatsoever? I'm not going to haggle over around the fringes there.

KATHLEEN GRIMM: Okay. Well, we can provide those numbers to you afterward. As Elayna Konstan talked about earlier, we provide services of one level, particularly prevention services, in every single one of our schools. We have this school-based--

COUNCIL MEMBER LEVIN: [interposing] Which preventative services? What category would those fall into?

KATHLEEN GRIMM: We have SAPIS workers in schools. We have guidance counselors

in schools. We have a suicide liaison person in every school. We have a crisis team in every school. There is training going on in every school for--

COUNCIL MEMBER LEVIN: [interposing] But not school-based mental health programs? Those wouldn't qualify as mental health programs?

KATHLEEN GRIMM: Correct, because we had a whole spectrum of services. If you want to move over to the school-based health programs and centers where we actually have intervention services for children highly at risk, we're talking about approximately 727 schools that do have some level of service, whether it's school-based or it's one of our mobile response teams that comes into a school.

COUNCIL MEMBER LEVIN: Well, the mobile response are in 15 schools and the STARS are in 38. So, I mean that's, between the two of them that's a little over 50 schools.

KATHLEEN GRIMM: Yes, but altogether, when we add everything up, we have 727.

COUNCIL MEMBER LEVIN: So there are 1,000 schools where there is not.

KATHLEEN GRIMM: There is something--

COUNCIL MEMBER LEVIN: [interposing] A SAPIS worker, but how many SAPIS workers are left in the City of New York? There are only 295.

KATHLEEN GRIMM: Correct.

COUNCIL MEMBER LEVIN: So that the entire City of New York. Are SAPIS workers in multiple schools?

KATHLEEN GRIMM: We have SAPIS workers. We have guidance counselors. We have social workers. We have a whole range of professionals.

COUNCIL MEMBER LEVIN: But I wouldn't classify or qualify a guidance counselor or a social worker in a school, just a social worker in a school as mental health services in that school.

KATHLEEN GRIMM: I'm not suggesting that.

COUNCIL MEMBER LEVIN: But you said

that every school has it.

KATHLEEN GRIMM: I said--

COUNCIL MEMBER LEVIN: [interposing] There are 700 schools that have programs in the schools.

KATHLEEN GRIMM: That have school-based or school-supported mental health services which provide interventions at the far range of the spectrum for at-risk children.

COUNCIL MEMBER LEVIN: Okay. Looking at the issue of--I do have a question but this will take too long and I don't want to use up all my time. But the question of which services are billable to Medicaid or to third party providers because--

KATHLEEN GRIMM: [interposing] That's a very complicated question.

COUNCIL MEMBER LEVIN: It's very complicated. But I think it gets to the crux of why there's not an expanded amount of services in our schools because if principals are not able to pay out of their own budget, I mean we talked about these PQS and principals not being able to--I mean how many principals are asking for it and

expressing interest and then realizing that they don't have the budget to do it? Why is that not billable to Medicaid? Have we looked at that? Principals should not be having to pay out of their own budget because principals' budgets are strapped.

KATHLEEN GRIMM: I agree with you. That's a very small part of the entire program.

COUNCIL MEMBER LEVIN: I'd like to ask, okay so in 2010-2011, there were 73,441 suspensions in New York City, 30 percent of whom were with children with IEPs. Lehman High School alone had 2,000. Are we trying to match our school-based mental health centers or school-based mental health programs, are we trying to match those with schools that are having a high number? Are we looking at that? As we're looking to expand programs or if we are ever going to try to expand programs, are we looking as that as an indicator as to where to expand? Is that something we're looking at?

KATHLEEN GRIMM: We are just beginning to look at that as an indicator. We don't know yet if it's statistically valid. We

haven't done enough work yet.

COUNCIL MEMBER LEVIN: I wanted to ask about--I'm sorry. Sorry, I'll cede the rest of my time and if we come back on a second round, I might ask a couple other questions. Thank you.

CHAIRPERSON KOPPELL: Council Member Wills is next.

COUNCIL MEMBER WILLS: Good afternoon. My question is basically really quick. So, Council Member, if you can wrap yours up, you can use part of my time. You sure, you're good?

COUNCIL MEMBER LEVIN: That's fine.

COUNCIL MEMBER WILLS: All right, I don't want you to lose your train of thought. I just had a quick question. In how many elementary schools, because I'm looking at both of the spreadsheets, is the information on one spreadsheet duplicated on the next one? It looks like--

KATHLEEN GRIMM: [interposing] No, but I think the first thing I'm going to do when I get back to Tweed is to make one matrix for all of us.

COUNCIL MEMBER WILLS: Okay.

KATHLEEN GRIMM: With all the programs broken down into high school, middle school and elementary schools.

COUNCIL MEMBER WILLS: That would be appreciated, because then that wipes out about two or three of my questions. One question I do have is on the larger spreadsheet where it says that the school-based mental health agency in number one indicates mental health services supplied provider without, does that WO mean without a 31 license? Is that what that means? It's right after the primary address, school name, primary address, and then it has--

KATHLEEN GRIMM: [off mic] There's a key on the back.

SCOTT BLOOM: [off mic] The number one means that they're licensed, yeah.

COUNCIL MEMBER WILLS: It means that they are licensed?

SCOTT BLOOM: [off mic] Yes.

COUNCIL MEMBER WILLS: Because it says WO. What does WO mean?

SCOTT BLOOM: [off mic] Without.

COUNCIL MEMBER WILLS: So without

means not licensed.

CHAIRPERSON JACKSON: Wait, wait, wait.

CHAIRPERSON KOPPELL: Hold on. If you're going to be answering questions, you have to come to the mic or at least speak into the mic, otherwise it won't be a full record.

SCOTT BLOOM: If there is a one in that column, that means it's a licensed--

CHAIRPERSON KOPPELL: Say who you are, so we know.

SCOTT BLOOM: I'm sorry. Scott Bloom, Director of School Mental Health.

COUNCIL MEMBER WILLS: Thank you.

SCOTT BLOOM: If there is a one in that column, that means it is a licensed mental health provider. That's a misnomer there "without," that's from an old list.

COUNCIL MEMBER WILLS: This is not, you know, accused here. I'm just wanting to get some information, so when we get the combined spreadsheet, I'll know how to read it better. Thank you. The smaller spreadsheet, I've noticed that there's about 15 or 16 elementary schools on

that. So when you combine it, can you please just make sure that those things are highlighted so that I can get that information out as quick as possible? That's basically all I wanted to know, because then I can derive all of the rest of the answers myself. Thank you.

CHAIRPERSON KOPPELL: Council Member Levin, did you want to ask another question?

COUNCIL MEMBER LEVIN: No, I'll wait until--

CHAIRPERSON KOPPELL: [interposing] Well, we're done. Nobody else has a question I don't believe. Do you have a question? We don't have you on the list. I'm sorry. Council Member Chin, you're next. You've been here a long time. Sorry we didn't have your name on the list.

COUNCIL MEMBER CHIN: Okay. Thank you. I guess, Deputy Chancellor, the whole issue is that you said that you have preventive service in every single school, right? I think it's having the mental health service program in every single school is also critical, because of the reason that we heard earlier. But also for, you

know, overcoming stigmas among parent. If it's taken care of in the school itself, it makes it so much easier for the kids and for the parents to get the help that they need and also possibly with the support of the school with the language and the cultural sensitivity. All that can happen there. So I think we really need to work towards that.

On the spreadsheet, I just took a quick look. I mean there are a lot of schools in my district that have this mental health service, but I just want to see what is the criteria? Because some of them, the schools are very big. Like Stuyvesant High School, they have over 3,000 students and they have this school-based mental health. Then I have schools that are like with 200 some kids, they also have a school-based mental health program. Is there any kind of criteria or is it based on whatever a provider comes to you and says we want to provide services in these schools?

KATHLEEN GRIMM: Well, when it comes to the school-based health centers, that usually is initiated very often by a hospital that

is interested in providing services generally in a school that's very close to the hospital. When it comes to the programs, and maybe Scott would want to come back up here again, Scott actually works very closely with schools, with the providers and the criteria are a little bit different. Scott?

SCOTT BLOOM: Scott Bloom, Director of School Mental Health. As I mentioned earlier, it really depends on the model. If there is a grant or an RFP, we have to go--and it's being funded by the state or the feds--we have to go with that criteria. So we have to look for certain schools that meet that criteria and agencies.

Sometimes, as I mentioned earlier, work a lot with the CFN network, that's the Children First Network. They're the networks that manage the schools. They do everything but teaching and learning. So they have their eyes and ears on the youth development issues, on the health issues in the schools. They may approach me. "I was talking to a principal at one of these schools. They are looking to partner with a mental health agency, is there something you can

do?" Then I start looking at the mental health agencies that are in that area, like Education Alliance, Jewish Board of Family Child Services, and then we start the discussion. Then I bring them into the school.

As I said earlier, we do a needs assessment in the school. We want to make sure that there are kids and families that partake of the services. We don't to bring an agency in a school that is not going to do those services. So it's a collaborative effort and sometimes it doesn't work out and sometimes it does.

There are also OMH requirements in terms of space, accessibility, confidentiality and we have to make sure that a school understands that. That's a lot of my work is to provide that technical assistance to the schools.

COUNCIL MEMBER CHIN: It just seems like there has got to be really some clearer criteria to help the school get the resources that they need. Because I just looked at the list, I mean some of the schools that have it, it's great, they probably can really benefit from it. But there are other schools that I'm sure could use

that service but don't have it.

Also, the other thing is that, you know, because it is a funding issue, but in the meanwhile maybe there are ways for schools to collaborate if they're close to each other or whatever.

SCOTT BLOOM: I'm sorry to interrupt. The State Office of Mental Health, these agencies are licensed, so they have a license. Like the Education Alliance has a license. When they go into a school, it's called a satellite license or a satellite clinic. The State Office of Mental Health will now allow and to some degree I concur with them, for other schools to partake of those services because then in essence you're making that school into a clinic and that's not what it's about. Then you're also dealing with security reasons and so on.

So when a school is licensed, let's say PS 101 is licensed, that means that only those children and their families can be seen at that school. If you start letting PS 102 and PS 103, then all of the sudden the principal is going to say, how do I manage that? Then you're becoming a

resource.

KATHLEEN GRIMM: That isn't to say we can't use other models, and we do. The mobile response team, for example, is a cluster of schools. So we can use, you know, grouping of schools together in other models other than the licensed.

COUNCIL MEMBER CHIN: Okay. I just think that we really need to work towards where every school will be able to have the service. Thank you.

CHAIRPERSON JACKSON: Thank you. We've been joined by David Greenfield, a member of the Mental Health Committee, and Council Member Halloran is next.

COUNCIL MEMBER HALLORAN: Thank you, Mr. Chair. I appreciate the time and the effort that you've put into these issues. Deputy Chancellor, I'm just first concerned that there's not a single school in my district, not one, that has the services on the chart, not one. And it isn't surprising because you're even closing a Beacon in my school because my zip code makes too much money. So it's not shocking that my

constituents are underrepresented.

But I also notice that Bayside High School, one of the largest high schools in the city doesn't have one, with a population of over 4,000 students. Nor does Cardozo High School, in my district, nor does Francis Lewis High School in my district. I have to assume, having been a teenager once upon a time, long ago, that those are probably the people most in need of services, at least demographically what we've seen in the Mental Health Committee is there is an inordinately large teenage suicide rate and an inordinately large attempt rate.

It would seem that the city should at least be concentrating its efforts in places like that, especially when you have student populations in the thousands at a facility. Again, the likelihood of bullying, the likelihood of cultural misunderstandings, the likelihood of proximity, all of those factors are amplified as the student population increases. Would you agree, Deputy Chancellor?

KATHLEEN GRIMM: Well, it certainly can be. I don't have particular details on any

one school. But all of these schools have some level of services, particularly in terms of respect for all, the bullying, crisis intervention, that sort of thing, which we can put together for you and provide you with.

COUNCIL MEMBER HALLORAN: I appreciate that. Again, like I said, I know several of the Council Members have indicated that there are one or more schools in their districts. It's just interesting to me that the 19th Council District of Queens has absolutely none.

KATHLEEN GRIMM: It wasn't deliberate, sir.

COUNCIL MEMBER HALLORAN: No, no, I'm sure it's not. I just think that that's an interesting little fact. Thank you, Deputy Chancellor.

CHAIRPERSON KOPPELL: I think, Council Member Levin, you had one question, and then Council Member Brewer.

COUNCIL MEMBER LEVIN: Yes, thank you, Mr. Chairman. I want to apologize. I misspoke before when I said I was ceding my time. I didn't have any time to cede. But thank you

very much, Mr. Chairman, for the opportunity to ask another question. To be honest with you, I had a couple of questions. I wanted to ask, there was a study in 1998 and it was in Austin, Texas. It cited statistics that said that 95 percent of students that are getting treatment, mental health services in the school, are doing follow-up, where only 13 percent that are referred to community health centers are doing the follow-up. I thought that that was an important point.

If we're looking at the level of service and the effectiveness of service, it's important that we do whatever we can to make sure--following up on what Council Member Brewer said--that we're doing appropriate outreach and that we're providing the services where the children are tremendously more prone to following up on it.

I want to ask, in terms of school psychologists. School psychologists are not licensed psychologists by the New York State Office of Mental Health. I'm just curious about the process. Are school psychologists doing referrals and is the State Office of Mental Health accepting those referrals? Or does it have to go

to an outside agency that has the licensure to do it?

LILY TOM: The licensing entity is the State Education Department. So the State Office Mental Health does not oversee the licensure of professionals in the state.

KATHLEEN GRIMM: Can they make a referral?

COUNCIL MEMBER LEVIN: For school psychologists?

LILY TOM: For any professional, for all professionals. School psychologists could make referrals. They cannot do diagnosis. I meant there's a scope of practice for every professional, what they are allowed to do and what they're not allowed to do. A school psychologist can make referrals.

COUNCIL MEMBER LEVIN: But they can't make diagnosis.

LILY TOM: If you're not a licensed New York State psychologist.

COUNCIL MEMBER LEVIN: Okay. I want to ask with regard to--

CHAIRPERSON KOPPELL: [interposing]

Really, you know, one question.

COUNCIL MEMBER LEVIN: I'm sorry.

CHAIRPERSON KOPPELL: You've had two already. Okay?

COUNCIL MEMBER LEVIN: All right, thank you very much. I'll follow-up.

CHAIRPERSON KOPPELL: Because we have a lot of other witnesses.

COUNCIL MEMBER LEVIN: I'll follow up in writing. Thank you very much.

CHAIRPERSON KOPPELL: Gale Brewer, I think you had a brief question.

COUNCIL MEMBER BREWER: Yes.

CHAIRPERSON KOPPELL: Then David Greenfield, I'll call on you then.

COUNCIL MEMBER BREWER: I'm hoping that you--

CHAIRPERSON KOPPELL: [interposing] By the way, just to interrupt for a moment, so I don't forget, Eric Ulrich did join us and should be marked as having been here.

COUNCIL MEMBER BREWER: Thank you for you attention to this matter. We are obviously passionate and we appreciate your

response and that you're going to look at a lot of these issues. I'm hoping that you might put together some kind of an advisory group. Let me be specific. One of the issues is where the clinics are for adolescents, and what hours are they open?

Example: Ryan Health Center, Thursday Night, happen to know that. Mt. Sinai, there are no words to describe Angela Diaz, she's incredible. That's an adolescent clinic. I don't know the other boroughs. You need their input. That'll cut down on your 978 number.

I'm saying that's just one example of the people who need to be in the room to help address this entire issue.

So my question is will you put together some kind of an advisory group to help us move in the right direction?

KATHLEEN GRIMM: We'll certainly look at that.

[Pause]

CHAIRPERSON KOPPELL: Yes, Council Member Greenfield?

COUNCIL MEMBER GREENFIELD: Thank

you. I just have actually a quick question, a slightly different direction. You may be familiar with this but there are quite a few studies that actually show, and I'm actually sure that Council Member Levin would have wanted to ask this, but obviously he's got lots of questions running at a time. So I'm asking it with his consent. That show that school breakfast participation positively impacts children's mental health, including reductions in behavioral problems, anxiety and depression.

There has been a lot of back and forth lately about school breakfast, specifically providing school breakfast in classrooms. I know it's something that Council Member Levin has been a champion on, as well as the Speaker of the City Council. I'm wondering, have you ever looked at it from that perspective? I know right now a lot of the debate has to do with nutritional health and obesity. But have you ever taken a look at the research and the science that says that kids who get school breakfast, it positively impacts their mental health, including reductions in behavioral problems, anxiety and depression?

KATHLEEN GRIMM: We are convinced that every child in this city should eat breakfast every morning. We are also convinced they should probably only eat one. So our focus has been on trying to educate, particularly parents about the importance of having a breakfast. So we have a whole range of how we provide that. We provide universal breakfast in every cafeteria in every school. In some schools we have breakfast in the classroom. We are looking at kind of other ways of providing breakfast. But it is important that we do balance that need for breakfast, which I am personally convinced is essential for student achievement, with the concerns that we have about obesity and the number of calories that children are taking.

COUNCIL MEMBER GREENFIELD: I understand that. I appreciate that and I respect that. I'm just asking I guess just two specific questions. Specifically, have you ever looked at the impact that breakfast has on mental health issues, right, which is the focus of the hearing today?

KATHLEEN GRIMM: No on mental

health.

COUNCIL MEMBER GREENFIELD: Okay. I'd like to encourage you to look at it. I'm just personally looking at one study here that clearly states that children who have breakfast have reduced behavioral problems, anxiety and depression. So I just think that's a valid point. Because right now, it seems to me that the debate over breakfast is based on too much breakfast versus to little breakfast. You know, we don't want little fat kids running around. And I would argue that potentially if there is a mental health component here--it's not me but apparently DOH doesn't want little fat kids running around. I think they're cute.

But in any event, I think my point is that if you have a different piece of data that potentially we're looking at, it may change the balance of the argument. Because I know right now the argument is really just based on obesity, eating versus not eating. I think if we look at it from that perspective, I think it's a worthwhile study or research. So can we ask you to look into that for us please?

KATHLEEN GRIMM: I'll defer to the Health Department on that one.

LILY TOM: We will take that under advisement. I will bring that back--

COUNCIL MEMBER GREENFIELD: [interposing] I mean I appreciate it. I'm a lawyer as well, so I know take it under advisement, I know that's like the pat answer for have a nice day.

LILY TOM: I'm not the commissioner.

COUNCIL MEMBER GREENFIELD: I respect that. But could you get back to us on this issue? If you're taking it under advisement, could you either tell us we have dismissed what you said because we don't care or we don't agree, or we agree and we think that fat kids are a bigger problem? I would like it to at least be in the conversation because I think it's an important component that has just been left out of the conversation. Is that fair?

LILY TOM: Yes. And certainly like the Deputy Chancellor mentioned, you know we want to have that right balance. We want kids to be

healthy. We want them to be, you know, socially/emotionally well developed. So, you know, it is a balance that we're looking at and being sure that when kids are hungry, we know that they can't concentrate so they're not going to do as well in school.

COUNCIL MEMBER GREENFIELD: I appreciate that. If you notice, the tone, I didn't accuse you of anything. I'm not saying that you're not interested in the health and wellbeing of children, which I'm sure you are. I'm just merely pointing out a different side to the debate that may be helpful when you're trying to weigh these decisions. I'm just asking that you look into it and you get back to us on that issue. Is that okay?

LILY TOM: Yes.

COUNCIL MEMBER GREENFIELD: Thank you very much.

CHAIRPERSON KOPPELL: Council Member Rose, you had a quick question? We're almost finished with this panel. I say that because there are so many witnesses waiting to speak.

COUNCIL MEMBER ROSE: Could you tell me how many mobile response teams you have in New York City? Are they connected with school-based health centers?

KATHLEEN GRIMM: No, they're not. They serve 15 schools.

COUNCIL MEMBER ROSE: Fifteen mobile health response?

DR. ROGER PLATT: Three teams serving 15 schools.

COUNCIL MEMBER ROSE: Three teams?

KATHLEEN GRIMM: Yes.

COUNCIL MEMBER ROSE: So then there's three mental health response teams?

DR. ROGER PLATT: Mobile response teams.

LILY TOM: We're doing a pilot. This is a pilot of this particular model. So we've going to be evaluating the effectiveness of this program and see if it's worthwhile to expand.

COUNCIL MEMBER ROSE: They're connected to the mental health based health centers in the schools?

LILY TOM: No.

COUNCIL MEMBER ROSE: No?

LILY TOM: They're not. We're actually doing these programs in places where there isn't any existing services to help to, you know, look at how this particular model--

COUNCIL MEMBER ROSE: [interposing] How did you determine which ones should have the mobile response team?

LILY TOM: For the Promise Zone one, I think it's in the Bronx; it's a joint decision between the DOE as well as the School Office of Mental Health and it's one of the clusters of schools that's working with our PPIS consultants the Department of Education. So--

COUNCIL MEMBER ROSE: [interposing] You initiated the contact?

LILY TOM: I'll let Scott answer that in terms of who initiated the contact with the Bronx--

CHAIRPERSON KOPPELL: [interposing] If you're going to answer it, you have to come to the microphone.

SCOTT BLOOM: As Lily was saying, just to reiterate, it was a joint decision between

the New York City Office of Mental Health, they were funding it. There were a number of schools in the Bronx already with Turnaround for Children. They were also getting a federal grant, so they started to work with those 12 schools. We wanted to look at how could you replicate--Turnaround does cost, so we wanted to do it in schools that didn't have money, how could you replicate it? So we decided to go with the Positive Behavior Intervention Services, PBIS schools. There are about 200 of them in the city. So this way we could work with a cluster of schools in that same district that was already established with the initial 12.

COUNCIL MEMBER ROSE: Thank you.

SCOTT BLOOM: Sure.

CHAIRPERSON KOPPELL: Oh behalf of Chair Jackson, and rising out of the questions that were asked about the number of students who were referred to emergency rooms, do you have a protocol for the schools with respect to when 911 should or should not be called? Is there a protocol?

ELAYNA KONSTAN: Hi, Elayna Konstan

from the Office of School and Youth Development. There is no protocol for when not to call. In Chancellor's Regulation, the one I referenced earlier, there is protocol in terms of when to call 911. If a child expressed suicide ideation or exhibits behavior that warrants it. There are other Chancellor's Regulations as well that reference that.

As Deputy Chancellor Grimm mentioned earlier, it's a small number compared to the numbers of calls to EMS, but it is a number that we're watching in terms of calls regarding students who have exhibited suicide ideation or behavioral issues that are of concern. It's really the school's call when they see and are concerned about a child's behavior.

CHAIRPERSON KOPPELL: I guess this goes back to something we talked about before and maybe this is something that you really have to look at. I mean do you find that 911 is called more frequently when there's an absence of school-based mental health services? That is to say can those calls be avoided when you have a mental health counselor on premises?

KATHLEEN GRIMM: That's one of the areas that we're looking at.

CHAIRPERSON KOPPELL: I think that's important. Just to finish up, what I think we would like to do is to put together some sort of budget proposal. I know it has to come from us, not from you, because you've submitted your budget. But we'd like to work with you to put together a proposal to expand these services. I think it's clear from the questions of my colleagues and our concerns that we would like to expand the mental health services available.

We can't do it in every school. That obviously is beyond our budget. But we would like to put together a reasonable proposal that we could then perhaps sponsor as part of the budget negotiations. We'd like your help, both departments' help in putting together such a proposal.

One idea we've advanced is at least in every school-based health center there be mental health services provided. That comes to about 25. I also would suggest that we should have mental health services provided onsite in

every significant high school. I say significant, I mean I know there are some high schools that are very small. But in every significant high school, such as the ones that Council Member Halloran mentioned, where you have thousands of students. I can't imagine that it would not be useful in those schools to have a mental health professional or professional team. So we'd look forward to your help on that.

KATHLEEN GRIMM: Okay.

CHAIRPERSON KOPPELL: Thank you for spending the time with us.

KATHLEEN GRIMM: Thank you.

[Pause]

CHAIRPERSON KOPPELL: Our next witness comes from the UFT, Lila Ezra, who is the Executive Director of the UFT Member Assist program.

LILA EZRA: Good afternoon, Chairman Jackson, Chairman Koppell and members of these two committees. My name is Lila Ezra. I'm a clinical social worker, Director of the Member Assistance Program and Victim Support Counseling at the UFT. In my previous life I was a guidance

counselor and a school social worker in the New York City Department of Education. So, lots of years of experience in this world.

Thank you so much for taking the time to investigate this urgent issue that is pressing on all of us.

UFT-represented mental health professionals: social workers, psychologists and guidance counselors, work hard every day to care for the students, provide mental health services to them, but sadly their numbers have dwindled. We've lost hundreds of mental health professionals since 2008.

In answer to a question that was raised, I do have the statistics. We've lost 8 percent of guidance counselors, 6 percent of psychologists and 11 percent of social workers. Obviously, from other statistics that have been mentioned today, we see that the need for mental health services for our students has risen, not dropped, according to the numbers of staff that we've lost.

Kids deal with the same emotions that we deal with as adults. From time to time

they're quite serious. Their anxiety, their depression, the suicidal ideation, and the people who are in the schools are the people that they trust and the people that they will go to for help.

Some of the kids have such serious problems that we're now talking about 911 and hospitalization. These issues could be alleviated. They could possibly be prevented with onsite mental health staff. They can help the children and their families to regain control of their lives.

One horrific example that hasn't been specifically mentioned is that elementary schools are not mandated to have any guidance staff at all. There can be entire school communities, buildings of 500 and 600 people without a single mental health staff, whether licensed or certified or in any capacity, to address the needs.

So teams that are formed in the schools are really teachers and administrators and they're doing the best they can. But they're not licensed and they're not really trained in this

regard. We need to fix that. We need to have a licensed person in every single school.

In schools where there are staff members to help the kids, their caseloads are overwhelming. There can be hundreds of students to one very overworked mental health person. So in a lot of cases, it's filling out forms and proforma band-aid kind of work. It's not really getting into the nitty gritty needs of the kids and their families.

Another point I'd like to make is that psychologists now cover the work that was done by a title that no longer exists in the system, which is ed evaluators. So the psychologists are not really screening for psychological needs. They're doing the educational evaluations and the testing in order to get students the educational services that they need for special education. That's been a tremendous loss in the system. It's something that we really need to look at.

The behavioral issues place a tremendous strain, not only on the students themselves and their families but on their

classmates and their students. Each classroom is a community. So a student with a mental health issues will impact every single person in that room.

It's also worth noting that the regulations do now allow teachers to hug a child or restrain a child in a way that might help the classmates and help the student, him or her self, because that teacher is a person that's trusted, possibly more than anybody else in that child's life.

Sometimes the schools have no choice but to call 911. But we need to figure out every possible way of reducing that number. It's like people who use the emergency room as their primary care physician. It's the same kind of thing. We need to get in there and provide a foundation that prevents that from happening.

I recently returned from a fact finding trip to Cincinnati. They have done something that's pretty remarkable. They've integrated wraparound services into the school building, not only for the students but for their families. It's true they have a much smaller

system, I believe it's 54 schools. But it's a model worth looking at. It's something to emulate. It's the foundation by which students can learn if they have good support systems in their life. It's a kind of creative thinking that we really need to address here in New York City.

So, I thank you, City Council, for supporting this very urgent issue. I'd also like to thank you for supporting the UFT Brave hotline, which we're running to deal with bullying issues. I look forward to collaborating with you in the future.

CHAIRPERSON KOPPELL: Thank you very much for your testimony. I'm interested in the Cincinnati example. Has the union studied particular schools where these services perhaps are more urgently needed than other schools? I mean, do you have--this morning we got a matrix showing all of the schools that have mental health services or health services and those that don't. Do you have any data which would suggest to us which schools we should be particularly concerned about?

LILA EZRA: We're actually in the

process of doing that and collaborating with the people from Cincinnati to help us figure that out. We don't want to jump in just a subjective way. So we're in the process of doing that. We have people coming from Cincinnati to assist us with it.

CHAIRPERSON KOPPELL: Well I think-

LILA EZRA: [interposing] If you'd like to be invited to join us for a meeting that would be great.

CHAIRPERSON KOPPELL: We'd be happy to do that. I think it would be very useful to us to have recommendations from you since we're looking at this in terms of providing some resources. Also, you say in your statement I believe, I don't think you said it out loud, maybe you did, but I read it. That basically they get reimbursed by Medicaid for most of these services. So in the end it doesn't cost the city of Cincinnati all that much because Medicaid is mostly paid for, I guess, by the federal government and the state.

LILA EZRA: That's correct. That's been actually an ongoing issue in New York City

where services that can be billed have not been billed correctly. There's been a tremendous loss of funding to city schools.

CHAIRPERSON KOPPELL: I think that's a very important aspect of this. Because since funding is the issue, if most of the funding can come from Medicaid, that shouldn't be as much of a barrier as it seems to be.

LILA EZRA: There's Medicaid and also people have insurance. A lot of times they're not taking advantage of their insurance because for reasons of other obligations in families, they can't get to the providers. They're not open in the evenings. School really is the natural place from which all this can stem. It's the trusted institution in the community and we need to look at it in that way. The school is there to provide education but it can do so much more.

CHAIRPERSON KOPPELL: Thank you. Do any of my colleagues have any questions? Council Member Brewer?

COUNCIL MEMBER BREWER: My question is do you find from your teachers who really, and

there are places in the high schools where I've been where there is quality mental health, the first advocate for them are their teachers and the principals, even before students and parents. They just so appreciate the support. So my question is do you find that your teachers are asking for these quality services? In other words, is this something that comes up fairly regularly?

LILA EZRA: It comes up all the time, all the time. One of the things that I do is to go into schools after there's been a crisis. Unfortunately, that sometimes will include the suicide of a child. I hear it over and over again. "If only we had more services."

COUNCIL MEMBER BREWER: Thank you, Mr. Chair.

CHAIRPERSON KOPPELL: If we have no other questions, thank you very much.

LILA EZRA: You're welcome.

CHAIRPERSON KOPPELL: Our next panel is our legal services providers. Nelson, it looks like Mar, Legal Services of New York Bronx; Tara Foster, Queens Legal Services; and Sonya

Turner, Legal Services also of Bronx.

[Pause]

CHAIRPERSON KOPPELL: You can proceed in the order I called you if that's okay. Ms. Turner?

TARA FOSTER: Yes, good morning.

CHAIRPERSON KOPPELL: Yes.

TARA FOSTER: If it would be all right with you, Council Member, because we're presenting joint testimony, our testimony is together, I would be highlighting the beginning part of our testimony and my colleagues will be--

CHAIRPERSON KOPPELL: [interposing] Sure, that's fine. Just proceed. We won't interrupt you until you're done, all of you.

TARA FOSTER: Thank you so much. My name is Tara Foster and I have here on behalf of Legal Services NYC. I work in a local Queens office. We at Legal Services, most of you know what we do, but in terms of our disability and education advocacy work, I thought it might be enlightening to point out that well over 80 percent of the student children that we represent are children of color and immigrants and that

these children range in age from 3 to 21 years.

We are extremely grateful to the Council for hosting this oversight hearing. This is an extremely important issue. We feel that it's an issue that disproportionately affects our low-income clients, children of color and immigrants in the New York City public schools.

We're particularly struck by two issues that are troubling to us Legal Services NYC. Both of these stigmatize children and do little to address the underlying mental health issues that we're today talking about.

The first is we are seeing a rise in the use of "EMSing" children. When I say that what I mean is the forced removal of children from school via ambulances. A child may be in the classroom, the child may act out, and we're focusing today on non-suicidal behavior. It may perhaps be disruptive, it may in fact be an infraction of the discipline code, but it is not a medical emergency.

The other troubling practice we are seeing is the increasing use of sending children home and instructing their parents to not let the

child return to school until such time as they can produce some sort of medical or psychiatric clearance letter.

In essence, this is what we deem an illegal psychiatric suspension. What's troubling about it is even if it may have begun as a well-intentioned act, it actually very, very frequently causes the children to lose many, many days of school as a panicked parent attempts to find resources in the community, when there may have been so many less intrusive ways of getting the parent help for their child. You know, information about community resources, utilizing special education rules and evaluation procedures and processes, utilizing behavior intervention plans.

Similarly, with the medical emergencies, the EMSing where children are sent to emergency rooms, these are very, very drastic measures to be taken and really should not be taken unless there is a clear medical emergency.

We want to point out, we have many, many client stories, and I don't want to take up a lot of time talking about those because we do have

a client here today and we have also attached to the testimony some client stories of kids that we've worked with.

But just to give you a bit of an overview of how we hear about some of these stories, you know a parent whose child is about to be EMS'd may get a call. They may be at work and they're literally being told, "EMS is here. We are on our way to the hospital." I've had clients who have told me that they desperately rushed and said, please, please. In one case, the child was very young, the child was 6-years-old. The parents said, "Please, I'm on my way, can't you wait?" They chose not to wait. When she arrived at the school, the school could not even tell her which emergency room the child had been taken to. So then there was the added panic of trying to locate her child and get there.

We also see the same situation where parents go in, perhaps they have questions about--you know, they try to address issues that may be going on. They're not all saying that their children are perfect angels. No child is perfect. Children engage in disruptive behavior.

Children engage in childhood behavior. For a parent to be told that they cannot bring their child back to school until they have a medical clearance letter, and sometimes, I might add, are told that their child should be on medication, is absolutely inappropriate.

Perhaps the child does need to be on medication, but that's a decision that needs to be made by a trained medical professional and it's a decision that has to be made with the parent, the child and those providers.

We very, very much support having more interventions and services in the schools, more resources. I'm very, very appreciative to Council Member Brewer for her commentary on cultural sensitivity. This is extremely important, particularly with our client populations.

I want to point out that the cost when we send children to emergency rooms and when we essentially expel children from school improperly without process, are very high to all of us. These costs are both financial and they are non-financial. They're monetary and non-

monetary.

Children can be very, very traumatized when they are ushered into an ambulance, particularly if their parent is not there. We've had many instances where the children, especially the younger children were then frightened when they had to deal with either police or other medical personnel. It took some time to get over that because the act was quite traumatic for them.

The other thing is that when the Department of Education sends a child to an emergency room, if a parent is not there, they must send staff with that child. So we have the financial burden of a staff member who must lose time from work and go and be with that child.

In addition to that, often we have the cost of ACS if perhaps the parent can't get there on time or they can't locate a parent. So we have many financial costs, including lost wages to parents, transportation. In addition to that we have the non-financial issues, lost time from school and trauma.

I wanted to point out also, because

I think I may have left it out, but it's probably pretty self-evident to most of you who have spoken to us, that in the vast majority of the cases where children are sent to emergency rooms, the doctors and social workers there have found that it was not a medical emergency and have deemed the child fit to return to school and were, much like we are, at a loss as to why the child was sent in the first place.

I'm going to at this point turn over testimony to my colleague, Nelson Mar from the Bronx, to talking about solutions, unless you want to have perhaps a client.

NELSON MAR: If it's all right with the Council, I would like to have a client of our organization Ms. Sonya Turner just briefly talk about her experience dealing with this type of sin with regards to her child.

CHAIRPERSON JACKSON: One second, Oliver. I understand that. You have three of you, we put nine minutes on the clock and there's like two minutes left, so just understanding that you don't have an unlimited period of time.

SONYA TURNER: Good afternoon. I

experienced the--

CHAIRPERSON JACKSON: [off mic] Please identify yourself for the record.

SONYA TURNER: I'm Sonya Turner. I'm a parent. My daughter attends IS 151 in the Bronx. In October we experienced a humiliating situation to where I was forced to take my daughter, escorted with police, to the emergency room at Bronx Lebanon Hospital. She was cleared to return back to school.

It was humiliating. My daughter has experience bullying and that was part of the reason why she was sent to the emergency room.

NELSON MAR: If I can just highlight, given the time considerations here. Ms. Turner's daughter had expressed feelings of sadness. You know, she's a 15-year-old student in the seventh grade at her school. Even though the parent had requested special education evaluations for her daughter, the school didn't complete them in a timely manner. So clearly the child was frustrated with the school situation.

The school picked up on this, felt that they needed to send the child to the

emergency room, despite the fact that she had not expressed any intention to harm herself or harm anyone else.

The real, I guess, serious situation with this case is that when Ms. Turner arrived at the school, the EMS personnel had not arrived yet at the school. Ms. Turner had asked can I just see my daughter and they actually refused to allow her to see her daughter.

And on top of that, they refused to allow her daughter to be turned over to her and instead said we have to EMS the child regardless of her desire not to send the child to the emergency room.

So I think this case--and then on top of that she gets foot with the bill. You have the bill in the materials. There are solutions to this problem. This is not a new issue. As is identified in our testimony, this has been a problem for many years now. I think it's come back largely because of the recent uproar about restraining young students and, you know, with the whole issues about handcuffing 6-year-olds, now the DOE says we're not going to handcuff them,

we're not going to restrain them, we're just going to send them to the emergency room.

So the real problem that hasn't been addressed throughout this entire time is the issue of how the schools address disruptive behaviors in the school.

The Department actually did talk about some programs that are working well: Turnaround for Children, the Promise Zone initiative. Those are the types of models that we do need to replicate in the schools. That's where the resources need to be placed. These actually talk about, you know, whole school cultural changes, not suspending, not using punitive measures for children who are disruptive but actually trying to assess their needs, recognizing that usually these children have unmet mental health needs and providing those mental health services.

We've outlined a whole bunch of recommendations in our testimony. I mean the first recommendation is to collect the data. We need the data. Clearly, in order for us to know where to direct the services, we have to know

where the problem is.

At this point, our office has submitted FOIL requests to the Department of Education, to the Fire Department and yet they have not responded adequately to those FOIL requests. But if we are going to do this right, we need to know where the needs are.

Secondly, we need to institute those research-based approaches to addressing disruptive behavior. These practices are just simply another stop on the schools to prison pipeline. Those practices include what they're doing at Turnaround for Children.

There are also specific recommendations that could greatly assist in reducing the rates of 911 calls. The Department of Education and the New York State Education Department should issue new policy and guidelines prohibiting the use of EMS and medical clearance letters to exclude children from school solely for disruptive behaviors. That should be a clearly stated policy of the Department.

The Department also should increase resources to public schools that serve low income

communities. We believe that that's where a lot of these problems exist. I think the data would reflect that if we had got the data.

They should also direct services to establish onsite school-based mental health services at these schools. As you heard, they have done that but unfortunately due to budgetary constraints those numbers are actually declining.

There should also be a development of crisis response teams in all these schools that have these high needs and they should be staffed with properly trained professionals. That proper training should include training in de-escalation techniques, because a lot of times these situations don't just pop out of nowhere, there's a long history with these students. These students, as a lot of mental health providers have told me, are frequent fliers, meaning that they have a lot of needs and they definitely exhibit that throughout their school presence.

So professionals should also be identifying these students ahead of time, because the crisis comes to a point where they need to call for outside interventions.

Also, a lot of these cases are simply where the Department has a lot of resources and they're not utilizing it. Like, for instance, with Ms. Turner's situation, there's no reason for a 15-year-old student to still be in the seventh grade and not receiving adequate services, to not even really have had a full special education evaluation. It was only through our office's intervention that those evaluations ever got completed and she's now receiving those services.

There are a number of legislative proposals that we've put forward. We think it would be helpful if school nurses should be required to be properly trained in terms of mental health training so that they could be part of the process in determining whether or not a student needs to be sent to the emergency room.

I know I've taken up a lot of time. Thank you.

CHAIRPERSON KOPPELL: Thank you. With respect to the use of EMS, don't we have a problem if we are concerned, and you're the lawyers for the kids so I think you have to be concerned about kids being improperly handled at

the school level? That is to say either restrained or even struck as a way of trying to control them. So I could see that the school is more ready to call the EMS than to take actions on its own.

Now, we all agree that more school-based mental health professionals who would not only have the knowledge to deal with these students but also--and I'm not a great expert on the legalities of it--but I assume they would have more legal room than a teacher would, do deal with a disruptive or violent child.

But isn't calling EMS perhaps a better response than trying to restrain a disruptive child directly?

NELSON MAR: Well, I think, Council Member, the concern here is that there are other techniques. There are a number of mental health professionals here in the crowd and I think they've signed up to testify. They will tell you there are evidence-based approaches to addressing disruptive behaviors that, one, prevent them from getting to a point where they reach a crises, where the child does need these types of

interventions possibly to avoid them hurting themselves or hurting someone else. We do recognize that those situations do exist, but we also recognize that there are ways to avoid it getting to that point.

Secondly, yes, you know there are laws that prohibit teachers, you know, the corporal punishment laws that prohibit teachers from using physical force and there are Chancellor's Regulations that also do that as well. Again, we are saying that there are techniques that are evidence-based that could avoid getting to that point where restraint is needed.

CHAIRPERSON KOPPELL: Council Member Brewer?

COUNCIL MEMBER BREWER: First of all, thank you very much for all your work and for your suggestions. I really appreciate it.

Obviously, we heard earlier the number of referrals to the emergency rooms is way up. It was like over 100 in the last year. So my question is I asked could we work with DOE to change the Chancellor's Regulations and you had

some suggestions as to how that could be modified. When you bring these issues, if you do, to the Department of Education, do they have any response or have you not done that? Obviously this hearing today hopefully will engender some response. But I'm just wondering, when you bring these issues to DOE, or if you did, did you have any response?

NELSON MAR: We're in the process of bringing them forward to the Department of Education.

COUNCIL MEMBER BREWER: Then, do you find that in your work are there certain boroughs or certain school districts where there is a larger number of referrals? Do you find that where there is a mental health team of quality, as I indicated earlier, that there are less referrals? I know you can't know citywide because you're not licensed and you pick cases and cases come to you. But do you have some sense of that where there's a team either Turnaround or hospital paid for, in many cases, that there's a difference in response?

NELSON MAR: Well, I can speak from my experience. You know, working in the South

Bronx, you know we work in a highly impoverished community, a community that has significant needs. For a period of time, half of the clients that I was seeing reported that they at some point were sent to the emergency room during the last year and a half. That was part of the impetus for us to move on this advocacy issue.

I definitely do see certain schools that are significant utilizers of this practice. In fact, I included in the materials photos of a student I saw personally being EMS'd out of one particular school in the South Bronx, after I had been attending an IEP meeting at that school.

I think once we get the data we could probably correlate them to those communities who have high needs. Those tend to be the low income communities, the predominately Latino and black communities.

COUNCIL MEMBER BREWER: I understand that. I'm just trying to figure out whether the school-based mental health support can curtail even in--

NELSON MAR: [interposing] Yes.

COUNCIL MEMBER BREWER: That's my

impression from going to a lot of these mental health centers.

NELSON MAR: Yes.

TARA FOSTER: We also suspect that when we do get the data, we will see that in the schools with higher rates of suspension, we will see also higher rates of other exclusion, including EMS.

NELSON MAR: To answer your question, Council Member Brewer, yes, there are programs that are working. As was discussed before, the Promise Zone initiative, both with Turnaround for Children and with VNS Friends up in the Bronx, we've definitely seen that that has created positive changes and positive shifts in the practices at the schools that they're working in.

COUNCIL MEMBER BREWER: Thank you.

CHAIRPERSON JACKSON: Thank you. I have a couple of questions. I guess this is regarding the parent and your child. This is more I guess questions to your attorneys. From a legal point of view, do you know when EMS is called to the school; does that have to be with the

permission of the principal, or who has the authority to make that decision? Is it, for example, an assistant principal, is it a dean, is it a teacher, a nurse? Who has the authority to call EMS, if you know?

NELSON MAR: Under the Chancellor's Regulation, under the one regarding school safety, it does talk about that the principal should be notified. However, under the exigent circumstances, any school official has the ability to call 911. So there is no requirement that there be some authorization by the principal.

CHAIRPERSON JACKSON: So, for example, in the classroom, if a child is disruptive in their opinion, a teacher in that classroom can dial 911 without consulting with the dean, without consulting with the assistant principal, without consulting with the principal?

NELSON MAR: I guess if that teacher interpreted that situation to be one where it was an exigent circumstance and an emergency situation. I guess under the Chancellor's Regulation you could make that, and that's the lawyer in me speaking.

CHAIRPERSON JACKSON: Give me what that normal protocol is, if you know one based on historical perspective and dealing with cases that you're dealing with.

NELSON MAR: Yes.

CHAIRPERSON JACKSON: I mean, who's making the decisions on EMS.

TARA FOSTER: In our experience, it's the principal or assistant principal, it's some higher up school official. I have not seen yet a case where a teacher made the call.

CHAIRPERSON JACKSON: I didn't want to leave that like it is. I wanted to get what the average was. You're saying basically it's either a principal or assistant principal involved and approving calling the EMS. Is that correct?

TARA FOSTER: That's correct.

CHAIRPERSON JACKSON: Okay. So, now more specifically about the parent that you have with you, she arrived at the school before EMS arrived. They would not allow her to see her daughter. They insisted that her daughter had to go to the hospital. In your opinion as attorneys, is that clearly a determination to be made by the

principal or assistant principal or guidance counselor or dean or teacher?

I mean that's kind of crazy to me that you're going to tell me that I can't see my child when you're calling EMS for some disruptive behavior, or even if it's psychiatric behavior, for me not to see my child. They'd have a fight on their hands, I'm telling you. Most parents, I mean to deny a parent, who are they? They're not the police. They're not anyone to tell you that you can't see your child before EMS.

NELSON MAR: Well the clincher in all of this--

CHAIRPERSON JACKSON: [interposing] I mean that's pretty emotional. I'm sure that the parent may have been very stressed out, very emotional, maybe even crying. The child may be crying. Help me out here. I mean what am I seeing--maybe I'm seeing something that those authorities in control of the environment, meaning a principal, assistant principal, the dean or a teacher or safety agents or somebody. Help me out here to understand that I'm not thinking straight.

SONYA TURNER: Well, yes, sir, I

actually did go off on the assistant principal. When she refused me not to see my child, I lunged for her and safety officers restrained me.

NELSON MAR: And on top of this, then she got a letter saying that she couldn't come to the school unless preauthorized because of this incident.

SONYA TURNER: I was serving as a parent on the SLT board. So I was very active in the school.

CHAIRPERSON JACKSON: I'm asking the attorneys. Do you think that that assistant principal was correct in their decision to deny a parent to see their child?

NELSON MAR: We have a lot of concerns that there were a number of both regulations and policies and laws that were broken in that situation.

CHAIRPERSON JACKSON: You're not answering my question.

NELSON MAR: Yes.

CHAIRPERSON JACKSON: I mean I asked you a very simple question. I mean you're attorneys. You're dealing with the case.

NELSON MAR: Yes. We believe that that was entirely improper for--

CHAIRPERSON JACKSON: [interposing] So what are you doing about it?

NELSON MAR: We are pursuing--

CHAIRPERSON JACKSON: [interposing] Justice?

NELSON MAR: --on behalf of--

CHAIRPERSON JACKSON: You're pursuing justice on behalf of the parent.

NELSON MAR: Yes, yes.

CHAIRPERSON JACKSON: That's good. I want to know the outcome too.

NELSON MAR: Sure.

CHAIRPERSON JACKSON: Because I'm not happy. I would not be happy if I was the parent and they're going to deny me the right to see my child. They probably would have to restrain me also. Especially if you're approaching there and you hear your child crying in the principal's office and they say you can't see your child.

[Pause]

CHAIRPERSON JACKSON: I'm just

upset sitting here, quite frankly. I'm not even in the school environment. Anyway, let me thank you for coming in, the parent. Keep advocating for your child. One thing I say to all parents involved: make sure you know the rules of the game. When you know the rules of the game, meaning whatever you're in, the SLT, the rules and regulations that are governing the school, your relationship to your child, then you know where you stand. And obviously in contact with the people you're dealing with, the attorneys, it's very, very important because they're going to try to communicate and deal with it from a legal point of view in the courts or in administrative processes that every parent may not know how to do. I'm not saying you don't know how to do it, but obviously having attorneys, the legal authority in order to file appropriate appeals at every level is very important. Keep the faith, as they say.

SONYA TURNER: Thank you.

CHAIRPERSON JACKSON: Keep advocating for your child and make sure that your child gets the best education that they can

receive and making sure that the Department of Education is providing your child with all of the necessary required assistance that they need. Okay.

SONYA TURNER: Thank you.

CHAIRPERSON JACKSON: Okay. Thank you very much. Thank you, panel.

NELSON MAR: Thank you, Council Member.

CHAIRPERSON JACKSON: Okay. Dr. Rosa Gil, we can't find your slip, so you've got to fill out another slip. Are you here? Come on. Sergeant-at-arms, can you give her another slip please? Charles Soule, S-O-U-L-E, New York City School-Based Mental Health Committee or Commission. Jane Lima-Negron, New York State Coalition for School-Based Health Centers. And Joanne Siegel, Interborough--

JOANNE SIEGEL: Developmental and Consultation Center.

CHAIRPERSON JACKSON: Okay. Interborough Developmental School-Based Mental Health Services, come on down.

[Pause]

CHAIRPERSON JACKSON: Dr. Rosa, you may begin.

DR. ROSA GIL: Good afternoon, Councilman--

CHAIRPERSON JACKSON: [interposing] I'm going to ask everybody, three minutes, if you don't mind. I'm sorry; we have a lot of other people. Sometimes we can ask a lot of questions, but appropriately so.

DR. ROSA GIL: Good afternoon. I want to thank Councilman Oliver Koppell and Councilman Robert Jackson as chair both of the Education and Mental Health Committee, for sponsoring this public hearing that is very significant and very important for the children in the school system in New York City.

My name is Rosa Gil. I'm the Founder and President of Communilife, a Human Service Agency founded in 1989 that provides culturally-competent mental health, social services and supportive affordable housing for persons living with HIV, mental illness. We serve more than 2,500 New Yorkers every year.

The problem that I am about to

address here was already mentioned this morning, councilmen, in terms of the responses of the school system, bringing in EMS when there is disruptive behavior in the school. I want to focus on the suicide rate among Latina adolescents, which is a problem that is within the context of this conversation that we are having this morning.

Regretfully, the high rates of suicide attempts in New York City are really staggering, 11 percent citywide, according to the Centers for Disease Control. New York City is really the epicenter of this alarming epidemic, where although the city is 15 percent and in the country is 11 percent.

So we have here much higher rates than in the rest of the country. In Brooklyn, we have 22 percent of Latina adolescents in high schools have suicide attempts. In the Bronx, we have 12 percent. And regretfully, in Staten Island, we have seen a tremendous amount of increase in the last two years, almost reaching 17 percent in the Borough of Staten Island.

CHAIRPERSON JACKSON: For Latinos?

DR. ROSA GIL: Latina adolescents.

CHAIRPERSON JACKSON: Latina?

DR. ROSA GIL: Latina.

CHAIRPERSON JACKSON: Only women?

DR. ROSA GIL: Only women.

CHAIRPERSON JACKSON: Okay.

DR. ROSA GIL: The Latino boys or young men don't have as high of rate of suicide ideas and suicide attempts. There are a number of interrelated stressors contributing to the crisis, such as acculturation, family conflicts, socioeconomic conditions, hostile environment including the schools, discrimination, physical and sexual abuse and psychological struggles.

In response to this growing epidemic, in 2008 Communilife, we created Life Is Precious, which is a suicide prevention program for Latina adolescents, first launched in the Bronx with grant from New York Community Trust. In 2009, we opened the program in Brooklyn with support from Congresswoman Nydia Velazquez.

Life Is Precious is a culturally competent, family and community center, mental health and youth development program that

addresses the combined needs of families and the adolescents in the school system.

We are like a drop-in center. The girls are in the program between 3:30 and 7:00, every day. This is not mandatory. They have had psychiatric evaluations indicating that they need services. They go to mental health clinic and they come to Life is Precious for helping with the school work. For their families, too, they receive case management.

We provide liaison with the school. Because we have been told by parents and by adolescents that the school system rather than being helpful to the stressors that they encounter, actually they become much more of a problem. So the case managers in this program intervene with the school to understand the needs of the families and the adolescents.

We are open on Saturdays from 10:00 to 2:00. We are in the schools. It's a very effective intervention that often is not used by the school systems or the mental health programs.

We believe that the citation or the data that show that EMS takes the adolescents or

the children to emergency rooms could be prevented by the school system, for example, making referrals to this program, the Life is Precious in Brooklyn and in the Bronx and regretfully, there are very little referrals from the school system. Actually, the referral of these girls comes from the emergency room already or from other mental health providers in Brooklyn or in Manhattan.

Indeed, we want to recommend to the committee that to address the issue of Latina adolescent suicide, we need to increase the services in the school. We need to increase programs to address and make culturally competent interventions for the families.

I have to say that the parents like the previous parents that we heard in the panel before, the parents of these adolescents feel pretty much alienated by the school system. When their daughters have problems, they often use a translator which tends to undermine the cultural role of these parents. And quite frankly, they don't even feel, it's not only the school system, but they also feel the mental health providers in the clinics often lack the understanding of the

cultural nuances in the Latino culture about suicide. Thank you so much.

CHAIRPERSON JACKSON: Thank you. Next please?

DR. CHARLES SOULE: Well I guess good afternoon at this point. Thank you very much. I am Dr. Charles Soule. I am a child and family clinical psychologist. And since 2005, I have been one of the co-chairs of the New York City School-Based Mental Health Committee. That is the group that I represent today.

We are one of the mandated advisory bodies to New York City Department of Health and Mental Hygiene. Obviously, we're the school mental health folks. We represent both tracks that have been described to you today. The standalone or onsite, Article 31 State OMH, only mental health programs that operate at all three levels: elementary, middle school and high school. And we also have representation from school-based health centers. My colleague is also sitting here from that advocacy organization. But we also collaborate with school-based mental health centers that provide onsite mental health

services. Those are the two service models.

Let me make the point to you by the way that school-based health centers are primarily, I believe, serving adolescents in middle school and high school, whereas the standalone mental health programs are also in elementary schools as well as middle and high school. That's an important point.

The reason I bring that up is you have my testimony in front of you but--

CHAIRPERSON KOPPELL: [interposing] Excuse me. I'm going to interrupt you for a moment because I didn't understand what you just said.

DR. CHARLES SOULE: Sure.

CHAIRPERSON KOPPELL: What do you mean, what is the distinction you're trying to draw?

DR. CHARLES SOULE: Okay, there are two forms of school-based mental health programming. There are onsite or standalone school-based mental health clinics. They are licensed by the State Office of Mental Health. It's called an Article 31 license. It's only

mental health services.

There are also school-based health centers, or school-based health clinics, which I think people are more familiar with. They offer a full range of wonderful primary care services and most of them also have some mental health component as well. They are licensed separately by the State Department of Health. It's called an Article 28 license. Then of course there are some hybrids that have both a 31 and a 28 licensing.

CHAIRPERSON KOPPELL: The 28's, are they allowed to provide mental health services, even though they're not 31's?

JANE LIMA-NEGRON: Yes, they are.

DR. CHARLES SOULE: Yes, absolutely.

CHAIRPERSON KOPPELL: It wasn't clear to me from the testimony of the DOE that there were separate school-based mental health clinics that only provide mental health services.

DR. CHARLES SOULE: That's the original service model, it dates back to the 80s. That's the 80 schools that they mentioned on the online brochure, that's probably an old number

now. There are, you know and again the numbers shift all the time, so I can't--

CHAIRPERSON KOPPELL: [interposing] Well we hope to get a new matrix from them. Now I understand the distinction you drew. Thank you.

DR. CHARLES SOULE: Okay, you're very welcome. Thank you. You have my testimony in front of you. Given the time constraints, I'm going to jump here to talk really about primarily funding models and recommendations going forward.

I do want to make two key points first. Number one is that most of the conversation here today understandably has been about middle school and high school or adolescent needs. Certainly those are the kids who are most in our face around mental health needs. There is no question about that. I simply don't want elementary school kids to be lost in this conversation. They also have severe and unmet mental health needs.

The other thing to keep in mind is the child epidemiologic research is now very clear on this point. We used to think that there weren’t mental health problems before adulthood.

I'm old enough to remember being taught that. We don't think that anymore. We know that teens and these problems begin with teens. We now are learning that the problems that you're looking at in the teens are beginning for those same kids in elementary school. If they could be identified and treated at that point, you're going to prevent a lot of the worse consequence in middle school/high school. Just please keep that in mind that we also need to fund these services at elementary school.

The other thing I want to address is the very impassioned conversation around ER referrals by schools. Our committee has been studying this issue for two years or so. We are actually the people who collected that pilot data that has been bandied around today, the 3 percent figure, the 868 numbers, all of those numbers came from our survey.

The point I want to make to everybody, please, we are not arguing that children or teens who in any way say or act in ways that either threaten themselves or threaten other people around them that day do not require

competent same day mental health evaluation. Please, that is key. They absolutely need and deserve that.

What we are saying and where we join the committee is most of the time that does not require the whole shebang of an EMS transport to an ER. Most of the time those kids can be competently evaluated if the resources exist, best in their schools or at least in some other community setting, not a hospital emergency room.

But we are not saying that those kids don't need the care, they absolutely need the care. The reason they're not getting it by and large is because the ER in two-thirds, as you heard today, in two-thirds of New York City public schools, the ER is basically your only option if you need it today, because they don't have anything else onsite. So key point.

Jumping to funding issues and recommendations, number one, absolutely we have recommended that we collaborate with DOE and there needs to be funding to do this, because this costs money, of course. But there needs to be additional mental health training for DOE staff.

These are the folks who are first and foremost on the front lines first identifying kids and first making those EMS referrals.

The Chancellor's Regs could certainly be better written. I'm delighted to hear that that's being worked on. But they also need a lot of training around how to apply those regs. That's number one.

Number two, there are resources out there, for example that will now train and there are instruments, tools that will train school staff, not mental health clinicians, but school staff to more or less competently identify those kids who really, in fact, are a risk today and need some level of intervention today. Those exist. But again, we need the resources to train people to them and to distribute them. That's number one.

Number two, people keep talking about data. Absolutely, our committee for example has tried to collect the data. Again, we do not have the resources to do this. We would ask the City Council to fund a systematic study, number one, of what the needs and gaps are. Number two,

what the existing services are. But number three, what we really need to demonstrate is the positive effects, the good outcomes that we know you can get if you provide these services to kids. I'm not just talking about their mental health outcomes.

In my institution, for example, we have pilot data that shows that kids actually improve on standardized testing by a whole 25 percentile points once they get these services. It's a little bit of pilot data. We need the resources to demonstrate that in some systematic way.

Where that goes back to, the ER issue, I'm sorry, that's an evergreen issue. There was a spade of press and a lot of conversation about back in 2007. There were *Daily News* articles then. I had meetings at that point with DOE, not the people who were sitting here at the table today, but their predecessors. At that point, in response, we were asked please give us a doable model to put some level of mental health treatment, intervention not just prevention, but intervention in every single New York City school.

That was said to me. DOE was entertaining that conversation at that point.

Then, of course, things changed and it went underground again. Please resurrect that is what we're saying.

CHAIRPERSON JACKSON: Thank you. Next please?

JANE LIMA-NEGRON: Good afternoon. My name is Jane Lima-Negron. I am the Executive Director for the New York State Coalition for School-Based Health Centers.

The Coalition is a membership advocacy organization that represents over 200 school-based health centers throughout New York State.

CHAIRPERSON JACKSON: Yeah, how many in New York City?

JANE LIMA-NEGRON: One hundred and twenty-six, at last count. That was as of April 2012.

I won't go into depth about the benefits of school-based health centers in terms of mental health issues, because a lot of that was already discussed. But I did want to clarify in

terms of the way that the school-based health centers operate.

School-based health centers are authorized by the Department of Health, generally Article 28, federally qualified health centers or hospitals. In New York State, if you are under 18, you have to have a parental consent for receiving services at the school-based health center, respecting minor consent for reproductive health services.

The centers are typically staffed by nurse practitioners, physician assistants, physicians, psychologists, licensed social workers, dental professionals, health educators and community health workers. The difference is that by treating comprehensively the holistic, the wellbeing of the school population, we are trying to target to be able to address all of the different issues.

In terms of the challenges for school-based health centers, really the mission is that we are to provide free, open access to health and mental health care. No child is every turned away. The difficulty is that the reimbursement

mechanisms do not adequately support the maintenance and the expansion of school-based health centers to meet the growing needs of the children and adolescents in our community.

In terms of recommendation, we definitely agree with Charlie in terms of improving the type of support for training, in terms of the non-reimbursable services conducted by school-based health center staff, such as consultation and training to school staff, crisis intervention, outreach and education services to school community members, including children, adolescents and their families.

We would support and welcome data analysis. That's something that definitely we would want to support. A lot of the data that we have is based on individual research projects by program. So, data coming back from the state and from the city would be very welcome.

We want to also be able to establish a permanent funding line for support and expansion of school-based mental health services to every New York City public school.

In closing, we would like to thank

the members of the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism Drug Abuse and Disability Services and the New York City Council Committee on Education for their past, previous and continued support of school-based health centers and in providing accessible care to the neediest children of New York City.

CHAIRPERSON JACKSON: Thank you. Next please?

JOANNE SIEGEL: Hi. My name is Joanne Siegel. I'm the director of School Programs and Interborough Developmental and Consultation Center. I'm also co-chair of the New York City School-Based Committee.

I've been involved in school-based mental health since the mid 90s. Funding for this has always, when I was a social worker in an elementary school in East New York. So I've been aware of the issues for a long time, in terms of getting consistent funding for school-based mental health.

I represent one of those programs that's been talked about that just provides mental health services within the schools. Interborough

presently has two models that we provide. We do provide a school-based satellite clinic and we're presently in ten campuses. So we're providing services to 20 schools. One of the things we handed you out was a response to a principal survey that we had done. It's comments from some of the principals in terms of their feelings. This is only within the 20 schools that we provide service in.

So our therapists have been able to reach children who would not seek mental health services elsewhere due to significant impediments in accessing community-based outpatient clinics. The children we serve comprise an extremely vulnerable population.

A typical day for our therapists includes seeing five or six students experiencing significant stressors in their life, including many serious traumatic events. Our staff happen to be in schools where a large percentage of students who came to this country after the earthquake in Haiti. We happen to be in some of those schools. So because we were there, we were able to provide services to the students. We were

there with a Creole speaking therapist and we were able to provide services to the students who had come to this country.

We were also there to provide services to students who were here. We had one student who was living with a father whose mother was in Haiti and we were providing services to those students during a time period where they were unaware of what happened to their relatives in Haiti.

Our staff consult with administrators and teachers about students' needs and suggests intervention to address those needs. We help students in crisis and we do assess students' needs for hospitalization and when needed, we assist with the hospitalization process, particularly in terms of students who are expressing suicidal ideation.

Last week, we had to hospitalize a youngster who mentioned that they heard voices telling them to stab themselves. This is something that the youngster hadn't told anybody prior to last week. On the other hand, we've also been able to prevent EMS referrals. So we sort of

do both roles in the school.

Unfortunately, right now, some of our satellite clinics are faced with possible closure due to funding cuts. They were funded by the New York State Office of Mental Health Clinic Plus program and that funding has since been terminated. So we are now presently faced with a very drastic situation in terms of looking for alternative funding so that we can continue our present programs.

People have talked before about Medicaid and we do bill, obviously, Medicaid, but Medicaid is only one of the many insurers for our students. We also do bill third party reimbursement. Many of our students have Child Health Plus. The amount we get for private insurances and Child Health Plus is much less. It is very difficult.

We employ our social workers year round. They do not see people on a year round basis. We see people when the schools are open, which is many fewer weeks than 52 weeks a year. So there is a funding gap. We have spoken to the principals about it. The principals' response is

our budget is being cut, we cannot help you out. So we're in a quandary right now in terms of our existing programs.

We also just recently began the mobile response team. So we have two mobile response teams in Brooklyn. I did hand you out a handout of more detail about that. It's a brand new program. It's only been in existence since February. What I find is incredible is the two teams together have received 160 referrals. So that's from ten schools, we've gotten 160 referrals.

The major difference between the MRT program and our other program is this is not a program that is providing therapeutic services onsite. It's providing assessment and referrals out. We are just in the beginning of the program. We're just in the beginning of gathering data as to who these students are and, you know, in addition to doing the assessments, we're going to be doing workshops for the parents and the teachers. It's an exciting program but we were very astonished about how quickly we did get these numbers of referrals.

In conclusion, the school-based models that we provide help students in many different ways. In my experience running community-based agencies for over 20 years, we're serving students with very serious problems who wouldn't get the help they need if the services weren't conducted in the schools. We do not see stigma in the schools. Students tend to refer their friends to come see us. I think once they have the relationship, they feel very safe talking to us about serious issues. Many of our students are recent immigrants and we provide a very safe place for them.

CHAIRPERSON KOPPELL: Thank you. So we have a couple of questions. Council Member Levin?

COUNCIL MEMBER LEVIN: Thank you very much, Mr. Chairman. I'll keep it brief. Dr. Soule, I just wanted to ask, two questions for you. You mentioned that you had met with DOE officials in 2007 about coming up with maybe more of a comprehensive plan. Without kind of speaking outside of school, no pun intended, what happened? What changed between 2007, where was the break and

kind of was it a question of personnel that changed at DOE and then kind of lack of communication from one set of personnel to the next or what's going on with that? If you could, I know you made some reference to it but I'd like to know exactly kind of what happened and then how we can kind of pick up where that left off.

DR. CHARLES SOULE: There was a personnel change. You're asking me, but what seemed to me to have happened. There was a personnel change. Basically the person who was responsible for student support services, I believe it was called Community Youth and Family Development at that point, was the person who initiated this meeting and left, I think within a month or two, you know, after that meeting. That's number one.

The other point I would make is, you know, we've had very high level DOE and School Health Bureau people come to our committee before. We had this conversation with them in 2005 and we talked about the need at that point. Actually, DOE staff at that point did some back of the envelope calculations and they came up with a

figure that to put a reasonable mental health program in every single school campus would cost about 1 percent of the DOE budget.

The point they made to us--this goes back to data--is, you know that's a huge number but it's only 1 percent, it's doable, but you have to demonstrate program effectiveness.

COUNCIL MEMBER LEVIN: I mean, to be honest with you, it may save money in other areas--

DR. CHARLES SOULE: [interposing] Absolutely.

COUNCIL MEMBER LEVIN: --talk about the entire city budget and emergency room visits and it all kind of evens out I think or probably is beneficial.

When I was asking the Department of Education about programs in schools and they said that there are 700 schools that either have school-based mental health program clinic or health center. The number they threw out was 700, which leaves 1,000 schools that don't have services. Then Deputy Chancellor Grimm mentioned that you've got guidance counselors, you've got

social workers.

In your assessment, in your professional assessment, this could be for anyone on the panel, what she described as available in the 1,000 other schools, is that in any way reasonable considered adequate in terms of assessment, referral, or therapy?

DR. CHARLES SOULE: I'll try first. Once again, there are two service types that you've got to distinguish. She was talking about prevention, and it's absolutely true that DOE has mental health related prevention services in every single New York City school. But prevention is targeted at everybody. It's, you know, what can we do to make sure that you have a health environment so that you don't develop mental health problems that require evaluation and treatment.

Evaluation and treatment, or intervention was her term for it, is a separate thing. By the way, there are not intervention programs in 700 plus schools. That's not what she was saying?

COUNCIL MEMBER LEVIN: There are

not?

DR. CHARLES SOULE: No, and she didn't say that either. What she said is that there are school-based or school linked intervention programs in 700 plus New York City schools. The distinction being whether you're onsite or--

COUNCIL MEMBER LEVIN: [interposing] Or offsite--

DR. CHARLES SOULE: --of, you know, there's some--

COUNCIL MEMBER LEVIN: [interposing] And this goes to the question of the level of students that are doing the follow ups on the offsite versus the onsite.

DR. CHARLES SOULE: Right. The school-linked is a special model that really it's referral plus and they really work very hard to make those referrals stick.

COUNCIL MEMBER LEVIN: Okay.

JOANNE SIEGEL: But the other difference is whether you have a licensed professional on staff. I think that when you're talking about the prevention programs, you're not

necessarily talking about a licensed professional the way you are with the outside agencies. The community-based agencies that are coming into the school are coming with--we cannot send somebody who's not licensed into a school because, you know, it's a satellite clinic. We are licensed by OMH. They have guidelines as to who I can hire, who I can send into the school. These have to be licensed professionals who are able to do these evaluations, assessments and diagnosis of the students.

COUNCIL MEMBER LEVIN: I mean lastly, if you could speak really quickly to the question of funding gaps, talking about Medicaid or third party providers. Even with Medicaid, where are the funding gaps in terms of the services that are provided and needed and those that are reimbursable? I mean the big question is how do we pay for this, cobbling together various funding sources and at some point the city is going to have to come up with some money? There are gaps, there are cracks that I think that the city has to provide the stopgap money for if there's no way to conceivably get it through an

insurance program.

JOANNE SIEGEL: Are you asking what percent of our budget there's a gap in? I guess I'm not quite sure what--

COUNCIL MEMBER LEVIN: [interposing] That would be a good way to look at it, yeah.

DR. CHARLES SOULE: Let me jump on that if I can. You know, it varies agency by agency. But basically Medicaid or other third party reimbursement covers about 70 percent of what it costs to do this program right in a school. Now what do I mean by right? There are two gaps there. Number one, not every kid, even today, or family has coverage. But most of our providers are committed to the notion that we will provide the necessary care onsite regardless. But that means we have to eat that cost. That's number one.

Number two is that there's a whole range of doing school-based mental health right that is not at all reimbursable. It's all the school consultation, it's all the parent outreach, it's all the education, it's all the classroom

interventions. True school-based mental health, we like to say, is not just plunking a clinician behind a closed door that happens to sit in a school. That's good but that's not full school-based mental health.

JOANNE SIEGEL: Right. What I'd like to add though is I think it depends, your reimbursement rate is different, if you're associated with a hospital or not. My agency is not associated with a hospital, and so our reimbursement is less.

COUNCIL MEMBER LEVIN: Is lower.

JOANNE SIEGEL: And we've been sort of looking at it and it's about 50 percent. The cost of one clinician is paid for by Medicaid plus other insurances. And the agency right now is, you know, paying for the rest.

CHAIRPERSON KOPPELL: I'm going to have to cut you off because we have a lot more witnesses. Gale Brewer, do you have a quick question?

COUNCIL MEMBER BREWER: Yes, very quickly. Do you have some sense, again back to this funding--first of all, thank you all. I've

met with you I don't know how many times and it's exciting to see this moving forward. I can't believe it. My question is on the funding issue, it looks to me from what we heard today from DOE that there are actual cuts in addition to what's there now. So is that true? Are you finding that because there's less state money that there won't be as many programs?

JOANNE SIEGEL: I mean my program is a program that I can speak to. I can't say for sure but right now we are under fiscal discussion of whether or not we can continue providing services at all 20 schools that Interborough is presently providing services in.

COUNCIL MEMBER BREWER: So the number that we had earlier of maybe 25 could actually be a lot more that we need to fund that have current clinics?

JOANNE SIEGEL: Yes. I mean right now I think the figures you have are through the end of the school year. I think that you're going to see a lot of agencies making changes effective July 1.

DR. CHARLES SOULE: Right. The

take-home there is that--look, I've been doing this work since 1999. There was tremendous expansion in school-based mental health after 9/11 until last year. This is the first year in those 12 years, 13 years that there are actually fewer school-based mental health programs operating in New York City. I am telling you absolutely it will be less even more so next year unless there is further funding infused, absolutely.

JOANNE SIEGEL: Absolutely, no doubt about it.

CHAIRPERSON KOPPELL: Thank you.

JANE LIMA-NEGRON: I just wanted to add, because school-based health center programs are not revenue generating, they usually are the first one to be on the chopping block. So, mental health services are very vulnerable.

COUNCIL MEMBER BREWER: Thank you.

CHAIRPERSON KOPPELL: Thank you.

DR. CHARLES SOULE: Thank you.

CHAIRPERSON KOPPELL: Our next witness is Dr. Randi Herman from the CSA. She's the First Vice President of the Council of School Supervisors and Administrators. We're going to

have to be very strict. We have so many more witnesses. We're going to be strict with our time limits, unfortunately.

DR. RANDI HERMAN: I'm Dr. Randi Herman, First Vice President, Council of School Supervisors and Administrators. To frame the conversation, I'm going to read an except from an email I got from a principal during the ELA test administration.

It was Thursday, April 26th, 10:00, fifth grade student having a hard time on the math test, had a history of violent outbursts. Teacher suggested he take a walk to calm his nerves. He refused. Teacher asked him to take the test outside with a crisis para so he could calm down. He refused to leave the room, getting louder and louder, disrupting the test.

He was escorted to the save room and on the way down was punching the wall, kicking trashcans, recycling bins. The principal blocked the door to prevent him from leaving the room and give him time to get his anger out. While the para tried to call the mother to come pick him up from school or at least speak to him over the

phone.

He began to throw desks, kicked and pushed over bookshelves, then started throwing things at the principal, including three-inch binders, plastic and wooden clipboards, saying--

CHAIRPERSON KOPPELL: [interposing] How old was he?

DR. RANDI HERMAN: Fifth grade.

CHAIRPERSON KOPPELL: Fifth grade?

DR. RANDI HERMAN: Fifth grade. The kid was repeating the following, "I want to kill you. I'm glad I finally made you bleed. I wish you were dead. I'm glad you're bleeding. I'm glad you're shivering. Are you scared? Good. Good, I was trying to get you in the head."

To cut to the chase, both had to be taken to the emergency room. The kid injured his foot from kicking so hard. The principal wound up with a couple of stitches in her hand because she was sliced by one of the binders that he threw.

CHAIRPERSON JACKSON: Where was safety at, at the moment? There's a safety officer in every school.

DR. RANDI HERMAN: Oh yes, there

is. But they don't physically restrain students.

CHAIRPERSON JACKSON: I don't know if that's true or not.

DR. RANDI HERMAN: This, again, is a fifth grader.

CHAIRPERSON JACKSON: I understand that.

DR. RANDI HERMAN: He was making no attempt to harm himself. They're wondering about whether or not the child is going to be returned to the school and if so with what services.

Now, I will tell you from firsthand experience, I served as an assistant principal at a DOE school, PS 23 out in Queens which is a DOE collaborative with, at the time, Long Island Jewish Psychiatric as well as Queens Children's. We turned over 500 students a year. That means that the 500 that came in, in September, for psychiatric care, were completely discharged and 500 new in my building every year.

This type of behavior was prevalent. There was a lot of discussion at the time about the differences between behavioral issues and mental health issues. There still is.

But I would encourage you to take a look at the correlation between the spike in what you're hearing about today and the rolling out of the special ed reforms. Because I will tell you that you will find a positive correlation.

The level of service being offered to children is much less than what they need and what is appropriate for them. Just as I talked to you about this young man, a fifth grader, with a violent outburst, he probably couldn't handle that testing situation, didn't feel prepared, felt pressured and that was the only way he knew to express it. Schools cannot handle this without support.

You heard about the Cincinnati model. I will tell you very quickly that the financial basis for the model relies on 80 percent Medicaid eligibility per school. That will allow you to contract out the services, get reimbursement through Medicaid and leverage the funding to 100 percent of the students. The question that is unanswered is who ensures the quality and the provision of direct services to children and families. It cannot be the school

staff. It cannot be the principal.

CHAIRPERSON JACKSON: You know, the question of who ensures the quality was raised earlier. I don't know if you were here. Gale and myself were questioning them as far as Department of Education as far as who does the evaluations, whether or not the programs that are being provided are quality programs. Are they only depending on the State Department of Mental Health, you know, and who is evaluating it.

But clearly, the example that you read, which is a factual case documentation, I kind of--

DR. RANDI HERMAN: [interposing] It blows you away, doesn't it?

CHAIRPERSON JACKSON: Yeah. Being injured, one, as a staff member and trying to insure that the child doesn't injure him or herself, clearly when a child is talking about killing and injuring and making sure someone is bleeding, I clearly as a layperson think that that child needs to be evaluated whether or not concerning their--it may be, like you said. It may be like you said, the deep feelings about not

being prepared, not going to do well on the exam. But there are some clear issues that need to be addressed without a doubt. Based on your description I would say as a layperson.

In that situation, as we discussed and I've asked over the course of questioning and answer with people, who makes the decision as to when you call EMS. As I've said, does the teacher make that? Does the AP? Does the principal? Basically a response by one of the panelists is that that decision can be made by anyone based on the Chancellor's Regulations, even a teacher dialing 911. But the majority all the time it's made by either an assistant principal or principal at that level as far as consultation.

DR. RANDI HERMAN: Generally with the pupil personnel team, the school nurse, guidance counselor, everybody weighs in. Generally in an extreme circumstance like this one, there's a very clear guideline that yeah, they've got to go. This behavior is just too dangerous.

CHAIRPERSON JACKSON: Yes. We've heard even from the previous panel about even the

Medicaid reimbursement funding is not enough.

DR. RANDI HERMAN: Right. There's a standard model and an enhanced model depending on your affiliation.

CHAIRPERSON JACKSON: That funding at the state level has been cut out and is not getting any better. That's clear a signal that the environment or the number of incidents are going to get worse and more and it's going to get worse for our students and the staff of the schools.

DR. RANDI HERMAN: All true. The principals' first responsibility is safe and orderly.

CHAIRPERSON JACKSON: Right.

DR. RANDI HERMAN: Principals will not be able to commit to a safe environment with these kinds of I want to say invisible threats to children and to their staff.

CHAIRPERSON JACKSON: When you say invisible threats you mean the mental health issues that exist?

DR. RANDI HERMAN: Mental health was generally considered an invisible illness

because you can't see it. You can't touch it. It's demonstrated verbally. It's demonstrated behaviorally. There's nothing really you can put your finger on to say this child is mentally ill and needs help. All you know is that there's something wrong. We're not the professional mental health advocates here. All we can tell a mental health professional is we saw this, we heard that, we think there's a need for an evaluation, for an assessment. That's as much as the educators can do.

And in consultation with a mental health professional, maybe we can put some procedures and protocols in place to prevent the escalation of behaviors, maybe.

CHAIRPERSON JACKSON: Randi, Dr. Herman, now you're the vice president of CSA, the Council of Supervisors and Administrators, and you represent principals, assistant principals and other professionals, administrators.

DR. RANDI HERMAN: Correct.

CHAIRPERSON JACKSON: As a union, have you had any discussions with the Department of Education about this increasing issue of the

mental health issues that are going to be ever increasing as a result of the cuts in funding, so forth and so on? If so, what has the Department of Education's reaction been?

DR. RANDI HERMAN: I brought the issue to Chancellors consultation not long ago, particularly citing the rise in ER visits and the 911 calls from schools. I did say something about it perhaps being a misuse of 911 and what alternative could the schools have in place of calling 911. Because while a 911 is sometimes necessary, well the kid who's being disruptive as in the case that I read you earlier and the person having a heart attack. Well, where do you go first? Are we in fact diverting city services that shouldn’t be used for this? Should there be something else put in place? Should there be other protocols, other recourse for schools?

You heard that just the 911 transport and response is traumatic for a kid, particularly a fifth grader or younger. You don't want to do that to a child.

CHAIRPERSON JACKSON: So just finally, you read an exact situation that

occurred.

DR. RANDI HERMAN: Correct.

CHAIRPERSON JACKSON: I think it was last week.

DR. RANDI HERMAN: Yep, April 26th.

CHAIRPERSON JACKSON: Was that individual evaluated? I would assume that individual, or you said both the student and the principal were taken to the hospital.

DR. RANDI HERMAN: Correct, and released.

CHAIRPERSON JACKSON: And you said the principal received a couple of stitches.

DR. RANDI HERMAN: Correct.

CHAIRPERSON JACKSON: The student, is the student back in school or what, if you know?

DR. RANDI HERMAN: Not yet. According to this, there was a superintendent suspension conference and he was supposed to be assigned to a buddy school. At the conclusion of the suspension however, he's supposed to return to his school.

CHAIRPERSON JACKSON: Do you know

if, for example, that individual was cleared by the mental health professionals at the hospital? I would assume that either a child psychiatrist interviewed the child to make a determination whether or not, you know, it was just acting out or whether or not there are some psychological issues or the medication or whatever. Do you happen to know?

DR. RANDI HERMAN: Well, since he was--

CHAIRPERSON JACKSON: [interposing] I just wanted to play out this in order to see what happened with the child.

DR. RANDI HERMAN: Afterwards.

CHAIRPERSON JACKSON: At the hospital.

DR. RANDI HERMAN: EMS took the child to Bellevue.

CHAIRPERSON JACKSON: Okay.

DR. RANDI HERMAN: So Bellevue does have facilities for pediatric evaluation. So my assumption would be you're absolutely correct that he was evaluated. However, this email does not say that there was any follow up.

CHAIRPERSON JACKSON: Okay. Thank you for coming in. Let me turn to my co-chair Oliver Koppell.

CHAIRPERSON KOPPELL: Thank you. Thank you for appearing today. We have actually quite a lot more witnesses. Very quickly, Council Member Brewer.

COUNCIL MEMBER BREWER: My question is I've visited a lot of the clinics and I find that the principals are dying for the culturally appropriate. So do you have a sense that your principals and you have advocated for these clinics in a very articulate, loud way?

DR. RANDI HERMAN: I believe so. I think that if you look at some of the principals who really know how to work the system and the Medicaid reimbursement, they were able to do their own outreach and affiliate with a variety of social services to give the school the support that it needed.

COUNCIL MEMBER BREWER: Okay. I think that works in some cases. It's my experience that the funding doesn't go as far as the principals would like. I know principals who

have lost quality mental health professionals because there isn't the funding.

DR. RANDI HERMAN: Well, if you take a look at the website, it's very clear that when you contract out, whatever is not covered, they debit your school budget.

COUNCIL MEMBER BREWER: Okay. All right, thank you.

CHAIRPERSON KOPPELL: Thank you very much. If you have a proposal as to what the Council could advocate in terms of improving the provisions of these services without, you know, busting. I mean you talk about 1 percent of the Department of Education budget. That's $200 million I think. So we're not going to get $200 million. So if it takes 1 percent to provide these services in every school, I don't know where that number came from but that's not going to happen.

DR. RANDI HERMAN: Take a look at the IBO report, increase the tax on cigarettes.

CHAIRPERSON KOPPELL: Well, okay. Looking at it realistically, if you have a proposal that would be, you know, in the area of

say $3-$5 million that your supervisors would recommend, we'd like to look at what model you would recommend in terms of this year's budget. Because I know I at least and I know Gale Brewer and I know Steve Levin, we want to make a proposal but we want it to be within the realm of realism. Not now, we welcome your submission.

DR. RANDI HERMAN: No, not now. I'll put it together for you.

CHAIRPERSON KOPPELL: Right. Thank you. Thank you. The next panel: Kathryn Salisbury from Mental Health Association; Alan Ross from the Samaritans; Fiodhna O'Grady from the Samaritans; and Nelly Boggio from St. Luke Roosevelt Hospital Center. We're going to try and really stick to the timetable, not because what you have to say is not valuable but just we're facing an exhaustion factor

[Pause]

CHAIRPERSON KOPPELL: Why don't we go in that order?

DR. KATHRYN SALISBURY: Thank you Chairs Koppell and Jackson. My name is Dr. Kathryn Salisbury and I'm Vice President of

Programs at the Mental Health Association of New York City.

The Mental Health Association has a three-part mission of education, advocacy and services. We also run 1-800-LIFENET, New York City's only 24 hour 7 day a week multilingual suicide prevention and crisis services and the National Suicide Prevention lifeline.

I'm so pleased that I was able to follow Dr. Charlie Soule, who said so many of the things that needed to be said today. So I'm going to skip a lot of my testimony, amplify a couple of points that Charlie made and offer a few recommendations for the Council.

To reiterate Dr. Soule's point about not forgetting about elementary school children, Gabriel was the 7-year-old boy in the Bronx who attended, I believe it was PS 67. He was 7-years-old and in the second grade. He was the young man who had been transported several times by EMS to the hospital, only to be returned to school.

I also want to reiterate Dr. Soule's points about the importance of enhancing

training and support for school staff. They really do need additional training to help them avoid these unnecessary and costly ER visits. Just parenthetically, the EMS trip alone I believe costs $515. That doesn't even count what the ER visit costs or if ACS had to be there and all of the other associated costs. So I think there are great cost savings if we employ more effective approaches to being able to handle the disruptive behaviors of students within schools.

I think the mobile response teams are certainly a promising program. They're only in 15 schools. There are three mobile response teams. We might even think about expanding that to include not only referrals to the community but finding in-school supports for the youngsters who they are thinking about transporting through EMS to the ER.

I think to Councilwoman Brewer's point, we would like to make sure that there is a means, either through the Department of Education or another entity to gather data about the use of EMS for children in emotional crisis. We need to know where the children are being referred from by

school, what the patterns of referral are by neighborhood and what the referral reasons are and the outcomes achieved in order to make wise investments in enhancing the school mental health services in the city.

In closing, I'd just like to say we really applaud your efforts to expand school-based health clinics to include mental health services. And also that it is very important that--we would like to ask you to collaborate with the DOE to review and clarify the relevant Department of Education regulations around suicide prevention and intervention, because I think that there are messages that are being sent that don't ensure the safety of our students anymore than perhaps better regulations could.

So thank you very much. We would be happy to work with the Council on any of these issues as you move forward.

CHAIRPERSON KOPPELL: Thank you. Fiodhna O'Grady, do you want to go next?

FIODHNA O'GRADY: Yes, please. 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 New York City public schools.

Thanks to the City Council's increased efforts to advance suicide prevention in New York City, suicide is no longer the blind spot it was on the City's public health agenda ten 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 New York City public school staff beginning over 25 years ago, we also applaud the New York City 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 Behavioral Survey that consistently documents the increased levels of risk of students.

Findings in line with former New York State Office of Mental Health Medical Director Dr. Lloyd Sederer that "rates of depression in New York City 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 percent will die."

For close to 20 years, I have personally worked with DOE guidance counselors, 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' New York State OMH funded "New York City Guide to Suicide Prevention, Planning and Resources" which you have in your packet.

Another example is Samaritans free suicide prevention professional development workshops funded by member line items like the one we presented yesterday at the Bronx which trained

close to 220 DOE student support personnel from over 150 Bronx schools or sites. These are all the personnel that people have been speaking about: guidance counselors, social workers, suicide prevention liaisons, SAPIS, Child First Networks and more.

With no further ado, I will introduce Executive Director Alan Ross.

ALAN ROSS: Pretty fast. My name is Alan Ross. I'm Executive Director of the Samaritans of New York. I want to thank both the Committee on Mental Health and Education for giving Samaritans the opportunity to talk today.

I personally began providing suicide prevention training to New York City Department of Education schools, guidance counselors, social workers and teachers, one school at a time, starting 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 think if you look at the people doing this work, they're hard-working, they're motivated, they're dedicated but they find it very difficult, as has been stated, to respond to and identify people with mental health issues.

We've done a lot of surveys on this. We have tremendous anecdotal information. The participants themselves will state they do not feel prepared. They do not feel they have enough training. They do not feel comfortable responding to people who are depressed, in distress and suicidal.

One of the issues that we would bring up is that many times there's a sense of inadequacy. We've been talking here about who's calling 911 and what the reporting process is but you've got to trace the tree back further. There's a line, a chain of communication that goes on that can start with a SAPIS, it can start with a teacher, it can start with someone in the lunchroom. So there's a question of a broad-based

education and training for the entire community. I'm leaving my printed remarks there.

Everyone is talking about a public health approach, but we keep focusing on statistics and program development. Yes, by all means put mental health professionals in schools. But a public health model engages the entire community.

One of the examples we give is we do fire drills in schools to prepare community to respond to emergencies. We should have, with the rate of emotional problems, distress, self-direct violence, crisis and suicide, we should be prepared to deal with emotional drills, emotional fire drills, and it should be across the community. It shouldn’t just be guidance counselors and social workers, it should be teachers, it should be security, it should be everybody in the program as well as parents. So you have to take a broad based public health approach if you're going to see a difference in these things.

I think the other issue that you have to look at, which is a very baseline issue.

We spoke to 220 people yesterday in the Bronx. They will say they don't feel comfortable with this issue. You don't see what you're not comfortable looking for.

So we have some very basic issues here that are seeds of this problem that we're not dealing with. So yes, you need the services and you need the professionals but you have to deal with some of the core issues.

Samaritans believes that there are many ways to do this. We work with DOE. City Council has been very supportive of this. We have a capacity to do education and training to over 1,200 Department of Education guidance counselors, social workers, SAPIS counselors and nearly 800 schools in a very cost effective manner. We've put a proposal in front of you, entitled "A Comprehensive Approach to Responding to Students at Risk." So we're certainly willing to help and participate in this.

But we also would like to see all stakeholders, community groups, professional groups take part in this conversation because otherwise we're just dealing with a manner of

diagnosing or a matter of who's calling 911. Basically people are calling 911 because they're scared and they don't know what other options exist. When you do crisis intervention and suicide prevention training, you teach people there are other options. One of them is--

CHAIRPERSON KOPPELL: [interposing] I'm going to have to cut you off because--

ALAN ROSS: [interposing] Just one comment.

CHAIRPERSON KOPPELL: Okay, one comment.

ALAN ROSS: We're talking DOE responses. No one is talking fire safety, police safety. There's a broader community that can help with these kinds of issues. They should be a part of the conversation.

CHAIRPERSON KOPPELL: Thank you. I think Ms. Boggio is next. You have someone else there. Is he with you?

DR. NELLY BOGGIO: Yes. My name is Dr. Nelly Boggio.

CHAIRPERSON KOPPELL: Press the button please.

DR. NELLY BOGGIO: I'm sorry?

CHAIRPERSON KOPPELL: Press the button.

DR. NELLY BOGGIO: Sorry. My name is Dr. Nelly Boggio. I'm a pediatrician and the medical director of School-based health clinics at St. Luke's Roosevelt Hospital Center. With me is Dr. Ulrick Vieux. He's our Mental Health Director and psychiatrist at our school-based health centers.

We're here really to talk a little bit about the services that we provide as well as some of the issues that we're meeting up with.

At St. Luke's Roosevelt Hospital Center we have three school-based health clinics. One at A. Philip Randolph Campus High School, the other at Louis D. Brandeis Campus High School, and the other at Martin Luther King, Jr. Campus High School.

We recognized a very long time ago at St. Luke's Roosevelt the importance of mental health services that our student population really needed in these clinics. As a result of that, our school-based health clinics went under the

direction of the Child and Family Institute in the Department of Psychiatry at St. Luke's Roosevelt. That's pretty unusual for school-based health clinics. Usually they run out of the department of pediatrics in hospital centers.

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 byproduct 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 outpatient psychiatric services in the school-based health clinics, we are beginning to address the needs at the tip of the iceberg. We started at Martin Luther King, Jr. High School 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 two exam rooms and two mental health offices. Presently we have two social workers, one psychologist, a social work intern, three psychiatry fellows and one supervising psychiatrist who spend one to several sessions per week at the clinic.

We provide crisis intervention, consultation and 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 percent 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.

CHAIRPERSON JACKSON: Who's paying for it?

DR. NELLY BOGGIO: I'm sorry?

CHAIRPERSON JACKSON: Who's going to pay for that psychologist? Especially with everything that was said.

DR. NELLY BOGGIO: At St. Luke's Roosevelt a lot of our services for Martin Luther King Jr. High School is in-kind services. That's number one. We did have child and family clinic plus, which you heard had ended its funding in December. But because of the number of referrals that we have at the school, we have decided to continue our services through the outpatient psychiatry clinics directly at Martin Luther King.

We do not have the funding, you know, the New York State Department of Health does not provide the funding for us to have just one person there. So we have to kind of piecemeal it with multiple mental health providers, which is not necessarily the best model but we're making the best with what we have.

Presently, our clinic 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 nine mental health providers this September.

The use of the mental health office with the size and the windows it 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 and 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--

CHAIRPERSON KOPPELL: [interposing] I think your model is very important but because we have so many other people, we're going to have to ask you to sum up, one or two sentences please.

DR. NELLY BOGGIO: Okay. We understand the need for the library and that they want the library to be welcoming, aesthetically pleasing and they want as much light in the library as possible. But, you know, without the adequate space for mental health providers to do the job that they need, we're really asking that our space be excluded from this renovation and not be taken away from us.

CHAIRPERSON KOPPELL: I think your Councilperson is here.

COUNCIL MEMBER BREWER: You and I don't agree on that. I sent you an email yesterday. It's my allocation that is paying for the library. My understanding from SCA and from all the principals yesterday is that your space is included. So we should have offline discussion.

DR. NELLY BOGGIO: Okay. I have

not received any email.

CHAIRPERSON KOPPELL: I think you'll deal with that directly with Council Member Brewer. Thank you, this panel, very much. I'm sorry to rush you, but you all make an important contribution here. Thank you.

We now have Wendy Brennan from NOMI; we have Heather Mermel from the Coalition of Behavioral Health Agencies; Ellen it looks like McHuott, Parent to Parent; and Avni Bhatia, Advocates for Children.

[Pause]

CHAIRPERSON JACKSON: Ellen McHuott is not here. You can call somebody else.

CHAIRPERSON KOPPELL: Keren Farkas from the New York Lawyers for the Public Interest, we'll ask you to join because one of the people I called is not here. So we'll go in that order: Wendy Brennan, Heather Mermel and then Ms. Bhatia and then Ms. Farkas.

WENDY BRENNAN: Good afternoon. My name is Wendy Brennan. I'm the Executive Director of NAMI-NYC Metro. We provide peer led services to parents and consumers impacted by mental

illness.

Nationally, one in ten 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 the 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, is unfortunately not an isolated incident. By the time Lourdes was 9-years-old, she had been diagnosed with bipolar disorder. When she got angry, she ran around and harassed the other children in school. One day, the teacher felt she couldn't handle Lourdes' behavior. Her solution was to take the 9-year-old outside the building and leave her alone on the steps. The teacher then called mom to 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 came.

Too often, we hear from parents that children with mental illness are mistreated, locked in cupboards, and 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 are made, and most often when parents refuse to give their children psychotropic medication. Rarely is anyone available to help families to access the services.

We believe that 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 arbitrary and that's an important step in eliminating stigma.

Just as importantly, teachers, guidance counselors and parent coordinators must become more knowledgeable about mental illness.

Currently, we work with the Administration of Children's Services to train frontline child welfare workers. 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 to de-escalate challenging behaviors; that mental illnesses are biological in nature; and that more often than not, parents are not to blame. Thank you.

CHAIRPERSON KOPPELL: Thank you very much. The next witness please? That's just the beginning, not the end.

HEATHER MERMEL: That was very

quick. Chairperson Koppell and Chairperson Jackson, I want to thank the opportunity to testify before you today on the oversight of school-based mental health services. My name is Heather Mermel. I am the Director of City and Federal Policy and Advocacy at the Coalition.

You have my written testimony before you. In the interest of time, I'm going to skip over most of it because it's been discussed before about the prevalence and need for mental health services and the lack of school-based mental health services in New York City public schools.

I want to highlight just a few things, one about the financing of school-based mental health services. I know we've been talking about that on the last few testimonies a lot. But what I really want to emphasize is that the majority of school-based mental health programs, so those are the separate standalone, not part of the health centers, are operating with a deficit and a significant deficit. That's because of many factors.

One of them, as we talked about

before, is the inadequate or not reimbursable health services. Those range from--I know one of the Council Members had asked before what types of services are not reimbursable. Several of the services are crisis intervention for students who are not already seen in the mental health clinic. As you can imagine, most of the crises that school counselors respond to are for children who are not already seen in the clinic. So, all of those services are not reimbursable.

Trainings and also consultation with teachers and classroom observations, all key services to providing quality mental health services, are not reimbursable.

So therefore, we need to find a funding stream to be able to pay for those services, which I know many people before me have testified before.

So what happens, as we've mentioned, is that mental health programs end up absorbing all of those costs. Due to Clinic Plus ending, which people have referenced before and simply the constraints that we're in, programs are being faced with the reality that they either have

to close their doors or that they're going to have to continue to run it with a deficit and have to explain to their board as to why this program is losing dollars, which is a huge problem.

So we need to find dollars to be able to support this. I have laid out in my testimony a number of recommendations, but I'm just going to highlight a few of them. One of them is that hopefully that the City Council and the Administration can find dollars to designate for school-based mental health services. We also want to promote a policy that would deter schools from the regular use of emergency services for psychiatric or behavioral crises.

We want the Department of Health and Mental Hygiene, the Department of Education and the New York State Office of Mental Health to work together in a formal way, whether that be creating a special task force, to address all of the current issues that we've been talking about here at the hearing, and come up with recommendations. For example, they need to review the regulatory and financial barriers to providing mental health services in school settings and make

the necessary changes.

For example, in the OMH regulations, it says that you cannot provide when you can do after school hours. So we want the change to be made that after school hours actually starts at the end of a school day. That it doesn't end after 5:00 because at 5:00 most kids are not at school anymore. So that's just something that's a technical change that would be an easy change, hopefully.

I know my three minutes are up, but please refer to our other list of recommendations.

CHAIRPERSON KOPPELL: Thank you very much. I do have you recommendations and it's a very thoughtful presentation and we will definitely review it. Thank you very much.

HEATHER MERMEL: I'm happy to answer questions at a later date.

CHAIRPERSON KOPPELL: Right. Our next witness? Yes, please.

AVNI BHATIA: Hi, my name is Avni Bhatia. I am an attorney at Advocates for Children of New York. I'm a fellow there. I focus specifically on helping students with

emotional and behavioral challenges get the support they need in school. I'm also a member of the Dignity in Schools campaign, which is a citywide coalition that is working on shifting the culture of our schools away from punishment and exclusion and towards positive approaches to discipline and safety.

I just wanted to talk, a lot of people have given case examples already, but in my work every day I see the consequences that the shortage of school-based mental health services has on our students in our schools. I just wanted to highlight three case examples.

The first is actually the very same case that Dr. Herman spoke about before. That parent of the fifth grade student is my client. I just wanted to give a little bit of background--you guys heard most of the story already--and give a little bit of the point of view from the student and the parent also.

This is a child who is classified as emotionally disturbed. He has a disability. This is a child who Advocates for Children wanted to get into a state funded private school. This

school that the student goes to is part of phase one of the special ed reform whereby students must be served in their home schools. So we were told that no, no, this student will be served right here at this school.

A para was given to the child, but clearly, as you can see by the incident that occurred, the para was not sufficient. The para could not intervene in the incident that happened last week. So, again, I think this link between mental health services and the special ed reform is really important to consider.

I also think the incident points to the need for in addition to mental health services, staff bring trained in de-escalation and crisis intervention services. This child was locked by himself in the responsibility room, is what it was called. Locking a child who is extremely upset into a room with tables and chairs and bookcases is not the appropriate way for anyone to deal with the situation. School staff needs to know that that's not okay.

Another case I want to talk to you about is a 6-year-old in Queens. EMS has been

called on this student twice in the past five weeks, because she was crying and throwing a tantrum. Both times the student was physically restrained by EMS staff, brought in an ambulance to the hospital and then immediately discharged because she was not a danger to herself or others.

The third very quick example, on a slightly more positive note, some of you may remember Joseph Anderson, who made headlines last year because he was handcuffed. He was the 6-year-old who was handcuffed because of a tantrum he threw.

His mother works with Advocates for Children. In some good news, he now attends a state funded non-public school where he receives mental health services. He gets to see a counselor whenever he needs it, whenever a crisis occurs. Crises have occurred since then. But there have been no handcuffs involved, no ambulances involved and he is overall thriving in his new environment. So that's just an example of the positive impact that school-based mental health services can have.

CHAIRPERSON KOPPELL: Thank you

very much, and our next witness?

KEREN FARKAS: Good afternoon. My name is Keren Farkas. I am a staff attorney at New York Lawyers for the Public Interest. NYLPI contracts with the New York State Commission of Quality Care and Advocacy for People with Disabilities to provide federally mandated protection and advocacy services 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.

I submitted my written testimony to the Council and I thank you for the opportunity for being here. A lot of what I was planning on saying was already stated by the many advocates, special education attorneys and otherwise here. I just want to emphasize a few points rather than going through the testimony, which I hope is helpful to you when you have the opportunity to read it later.

CHAIRPERSON KOPPELL: Yes, thank you.

KEREN FARKAS: But the issue that we see--we've heard from a lot of school-based mental health providers and from people who advocate for having school-based mental health services, which is an integral part of this whole thing.

But a lot of the issues that we hear from the parents as advocates is questioning the acts of school personnel who may or may not be mental health professionals, and the choices that they make.

So when the Council thinks about funding and budgeting certain things, while we need clinicians and trained personnel to do crisis de-escalation and mental health services or diagnosis, we also need the teachers and the paraprofessionals who are assigned to these students, a lot of times the crisis paraprofessional, as Avni is discussing in this case, what kind of training do they get?

This really needs to be training for school personnel who may or may not have a background in mental health services, because students classified with emotional disturbance by

definition have mental health issues, and they are required to an appropriate education. Part of getting that education is addressing the emotional needs that they have, which happens by school staff as well as mental health professionals.

The other larger point I want to make is about the fact that parents are really taken out of the decision making process to provide their child with mental health treatment and medical treatment. It's been discussed previously in situations how parents are notified when the school has made a decision to take their child to the hospital, and how the example that Legal Services NYC-Bronx came with their parent that this is not an isolated occurrence. That parents have the choice to either call a family member or go to school or leave their job or let their child go through the traumatic experience of going to the ER.

School personnel need to be trained that this is not--this shouldn’t be what they go to so quickly. There needs to be a stabilization, a crisis management technique before they run to EMS.

So, in summary, we share the concern of the other special education advocacy and legal organizations here today. We look forward to working with you towards improving practices and thank you for holding this hearing.

CHAIRPERSON KOPPELL: We thank you all very much. It was valuable to hear from you. Many of things that you said was said before but I thought it was very valuable to hear. Thank you. You have a question? Sure.

CHAIRPERSON JACKSON: Thank you. I want to discuss in general as far as the situation, the case that was brought up, not naming any specifics about the fifth grade student, which is your client. From your perspective in general, is the administration supposed to lock a child or close a door and leave a child like that in a room by themselves? Or based on the regulations or if you know, an adult was supposed to be in the room with the child? I'm asking that one question because you've heard the testimony that the child was throwing this that and the other. I'm not talking about that specific child. I'm talking about in general. Is

the child supposed to be left alone or with--

AVNI BHATIA: [interposing] No, I don't believe it's appropriate to lock children alone in a room.

CHAIRPERSON JACKSON: Okay. I had asked the question if a child, a fifth grader, and I don't know, it's irrelevant whether the child is a male or a female and the size of the children because some fifth graders can be 4'10" and some can be 5'5". Some can weigh 60 pounds and others could weigh 150 pounds. Obviously from a size point of view that's a huge difference. But I ask the question and I don't really know the answer. Maybe you know. In the situation that was described, can a safety officer, for example, put restraints on the child in order to restrain that child from injuring others or him or herself?

AVNI BHATIA: Well, I don't know if we needed to get to that point, you know, in the first place.

CHAIRPERSON JACKSON: Okay. No, I hear you.

AVNI BHATIA: That's my concern. This student was upset because of anxiety related

to being able to finish his math test. You know, if that could have been addressed at that moment, there would be no need to talk about school safety--

CHAIRPERSON JACKSON: [interposing] Maybe the staff did not have the appropriate training to address that. Maybe--

AVNI BHATIA: [interposing] Exactly.

CHAIRPERSON JACKSON: I'm not saying they didn't or they did.

AVNI BHATIA: Training for teachers, training for the paraprofessional, in addition to the mental health services that we've been talking about today. Any and all of those would have been helpful in this situation and we wouldn't even be needing to talk about restraints.

CHAIRPERSON JACKSON: Because in what was described, I believe the principal or staff member was also injured in that. I don't know if that occurred in the room or outside of the room.

AVNI BHATIA: I believe it was in the room.

CHAIRPERSON JACKSON: Okay. So at a certain point in time the child was not alone in the room, but then an injury occurred. Okay. I guess it'll play out in the various scenarios. But clearly you're saying that in your opinion or there may be as a result of DOE moving towards where schools must address the issues and concerns, the mental or psychological issues or concerns of the students. I think you had said that Advocates for Children had advocated that child be institutionalized?

AVNI BHATIA: No, not institutionalized, just that he would--the funding would be given to him to attend a state funded nonpublic school that focuses on serving students with emotional and behavioral challenges.

CHAIRPERSON JACKSON: A state funded, you mean state funded or city funded? That's a difference.

AVNI BHATIA: It's state.

CHAIRPERSON JACKSON: State funded.

AVNI BHATIA: Yeah.

CHAIRPERSON JACKSON: So you mean the state would pay for it or the City Department

of Education would pay for it.

AVNI BHATIA: How does the funding work, do you know?

[Crosstalk]

CHAIRPERSON JACKSON: Okay. So that would come out of the city's budget.

AVNI BHATIA: Yeah.

WENDY BRENNAN: If I just may add, and I think this was said before, there are--

CHAIRPERSON JACKSON: [interposing] Is that considered a Carter case?

WENDY BRENNAN: No. This is a recommendation on a child's IEP. So the IEP team can decide that there's no public school available that's appropriate to meet their needs.

CHAIRPERSON JACKSON: Address the needs. So a private setting would be best.

AVNI BHATIA: Yeah. I'm not advocating that the appropriate solution in this situation is that the city should have paid for the private school. I'm saying that if the city is going to say we're not paying for these private schools anymore--

CHAIRPERSON JACKSON: [interposing]

Then provide the services.

AVNI BHATIA: Provide the services at the school.

CHAIRPERSON JACKSON: I would agree. I would agree. Okay, ladies and gents, thank you. Not ladies and gents, ladies, thank you very much.

CHAIRPERSON KOPPELL: Okay, our next and last panel: Jennifer March-Joly, Citizens Committee for Children; Maria Astudillo--it's hard to read--Astudillo, okay, Children's Aid Society; Elizabeth Owens, Family on the Move; and Bolarino Okezie.

CHAIRPERSON JACKSON: Is there anyone else that needs to testify this afternoon? This is the last panel.

CHAIRPERSON KOPPELL: Yes.

CHAIRPERSON JACKSON: We have three individuals then. Just state your name and title, organization, you may begin.

JENNIFER MARCH-JOLY: I'm Jennifer March-Joly, the Executive Director of Citizens Committee for Children of New York. We're a privately funded child advocacy organization here

in New York City. Thank you.

I'd like to thank Chairman Koppell and Chairman Jackson and all the members of both committees for the opportunity to testify today.

Because you've heard from many other panelists about numerous references to mental health prevalence among children and clinic capacity issues, I would simply repeat that we know that the needs for children's mental health treatment are great while the supply of children's mental health treatment slots both in schools and the community are insufficient.

Because CCC has a longstanding 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, in 2009 we actually began to collect qualitative data from principals and clinicians at the elementary school level to ask them about children's mental health needs and how they were served, and also clarify what the roles of school staff were compared to the roles of clinicians.

We anticipate releasing our report later this month. But I can tell you that the

preliminary findings are relevant to today's hearing. There is a need for school-based mental health treatment. Students with mental health needs benefit from school-based services and the presence of school-based mental health services have a positive impact both on school environment and the school staff.

In my testimony, I have highlights of more detailed findings, but I just want to jump to some recommendations. We actually think that there's a real opportunity to advance collaborative efforts to prioritize the expansion of school-based mental health treatment. I would urge you not only to focus on the highest needs communities in New York City, where child poverty is profound and other economic and social stressors are really significant barriers to child wellbeing, but to also start focusing on expansion in the elementary grades, because when you intervene early, we can really set these children on a path for greater wellbeing.

I also think we need to identify opportunities to fund improved training and education of school staff, principals, teachers,

as well as parents and students to help people understand how to identify mental health needs and secure services. We clearly need to identify ways to overcome physical and financial barriers that are dissuading principals from bringing these services into their schools. We need to identify ways to overcome the financial barriers that impact the school-based clinics. Many of them have been mentioned. Creating reimbursement mechanisms for classroom observation, the inclusion of clinicians in school meetings on student behavior, ensuring that treatment of uninsured and under insured children are reimbursed.

I would not in all of the attention at the state level on Medicaid reform, both the State Department of Health and the State Department of Mental Health are really focused on trying to ensure that both children and adults stay out of costly hospital based systems. So we really need to push I think at the state level to ensure that best practice is funded at the local level in our city schools and community based and Article 31 clinics that are sited in our schools.

I would also say that our small qualitative analysis is clearly insufficient and we would urge the city to track longitudinally the relationship between children's mental health and student progress, school environment and also do regular comparative analysis on emergency room usage in schools. Thank you.

CHAIRPERSON KOPPELL: Thank you.

MARIA ASTUDILLO: Good afternoon. My name is Maria Astudillo. I am the Director of Mental Health Services for Children's Aid Society. I want to thank you, Chairman Koppell and Chairman Jackson for allowing me to testify today. And especially I want to thank you Chairman Jackson for your support in our school-based health center in the campus in Washington Heights.

Much of what I was planning to say today has been said already. I think as Children's Aid, one of the largest organizations and community-based organizations in the country, we run five school-based health centers. In four of them, we also have school-based mental health clinics, which is something what Charlie Soule was talking about it.

One of the issues that we keep hearing over and over again from the principals and the teachers is that we need mental health services. One of the problems that we have been encountering in the past two years, we have closed--well by the end of this fiscal year, we will have closed our fourth mental health clinic.

The issue comes to finances. So I think that the issue that many people have refer to reimbursement. It really needs to be addressed. The changes that took place with OMH in '99 and all those changes have really affected us significantly. It's sad because we're really committed. Our agency most of the time, especially my program, I'm always in trouble because I'm always running a large deficit. But we are strongly committed. Those of you that know Children's Aid know that we provide service to every child that comes to our doors and we do not turn them away.

Research shows on and on and on that children that receive mental health services in the school perform better academically. You know that do better that their emotional health is

taken care of. So this is a great concern to me. I think that last year, for example, we had 550 students that we saw. We provided 5,600 visits of mental health. We still have this day, the economic year is almost ending, we still have children on waiting lists. Because of the cutbacks we have also had, in one of our clinics we had to reduce personnel. That implies that we have a longer waiting list than we ever had before.

I think one of the things that I strongly believe is in the school-based health center model. We provide mental health, medical care, family planning, dental care, everything comprehensive. We know that a child that is in good health will perform better in all aspects of their lives.

I think that last but not least, because much of it has been said, I just want to mention to you some recommendations that we have. We really want for you to consider in investing in preventive screenings in the schools that already have mental health services available, including the ones that don't have them.

Right now, OMH has a program that we receive a grant from them to conduct early recognition and screening. My concern is that yes, it's great. We are identifying early on those children. What are we going to send them to? Who is going to provide the services?

Sorry. Quickly is that we need to integrate mental health professionals into the school life. Teachers and social workers, health practitioners need to be together in the classrooms. There's tons of research and evidence based approaches that highlight this.

Everything, you have my testimony in front of. I do thank you for the time.

CHAIRPERSON KOPPELL: Thank you. Next please? Now that's the start.

CHAIRPERSON JACKSON: I thought she was finished.

ELIZABETH GIBBONS: Hi, my name is Elizabeth Gibbons. I apologize. I don't have anything to hand out to you. I didn't think I was going to speak until I began to listen throughout the day and decided that this piece needed to be added. I work for Families on the Move of New

York City which is a grassroots advocacy agency that is comprised of families and youth who have the lived experience of mental health, emotional and behavioral challenges.

The piece that I think should be considered when looking at this whole picture is the use of parents and youth advocates within the schools. It's the one thing that I don't think has been discussed specifically the way that I am suggesting it.

Families on the Move does currently employ parents and youth advocates. Where we are doing that right now is within the children psychiatric centers within Queens, Brooklyn, Staten Island and the Bronx, every place but Manhattan. It's proving to be a very effective addition to services. Not a substitute for clinical services that are of course appropriate and needed--everything that was discussed, Families on the Move supports--but in addition to.

What it does is it connects parents to resources that they themselves have used. It gives that lived experience. "I've gone through this. This is what's worked for me. This might

work for you." Listen and advocate for parent's rights and to show parents what their rights are. Accompany them to a lot of the IEP meetings, go to the schools, be in the school themselves and just provide that extra insight that parents are unaware of that they have access to or the right to.

For youth in particular, provide that preventative piece beforehand and after a crisis because who better to speak to you about your own mental health issues than another youth who has gone through that. I myself am an adult with a mental health diagnosis that began when I was in elementary school. Services like this would have been invaluable to me and it wasn't available at the time. I don't believe it's consistently available now.

So I just wanted to put that out there. Thank you.

CHAIRPERSON KOPPELL: Thank you very much. Thank you all. I do have one question for Ms. Astudillo. I hope I pronounced it okay.

MARIA ASTUDILLO: Yes, you did.

CHAIRPERSON KOPPELL: You said

you're having to cut back because your funding was cut.

MARIA ASTUDILLO: It's a reduction with the Medicaid payments and all the restructuring that OMH has put us through for the Article 31 clinics.

CHAIRPERSON KOPPELL: So this is funding that comes through--

MARIA ASTUDILLO: [interposing] With Medicaid payment--

CHAIRPERSON KOPPELL: --Medicaid?

MARIA ASTUDILLO: --and the new APT rates that we are being affected by, yes.

CHAIRPERSON KOPPELL: So the restructuring of the end of COPS and all of that?

MARIA ASTUDILLO: Yes.

CHAIRPERSON KOPPELL: That's what hurt you?

MARIA ASTUDILLO: Yes, it is.

CHAIRPERSON KOPPELL: I see. So in order to keep these services going, we really have to--it really demands looking at some of these reimbursement formulas in addition to everything else.

MARIA ASTUDILLO: Absolutely. Because in addition to what everybody else said, there are tons of things that we do in a school that we don't get paid for. So meeting with a teacher, having, you know, running to a classroom to do a presentation, those things do not get covered. If you're not getting the money, how can you pay the staff? I'm a strong believer that when you are in the schools, you need to have fulltime employees. You cannot have people that come in for three hours to service your children. They have to be embedded in the life of the school.

CHAIRPERSON KOPPELL: It makes the problem even harder though because it's not only providing more money from the education budget perhaps, which is what we were thinking of, but it relates to this whole reorganization of the Medicaid funding.

MARIA ASTUDILLO: Absolutely.

CHAIRPERSON KOPPELL: Thank you very much.

CHAIRPERSON JACKSON: One second.

CHAIRPERSON KOPPELL: Go ahead,

Chairman Jackson.

CHAIRPERSON JACKSON: Let me first, in concluding, let me thank you Oliver Koppell, as the chair of your committee for helping to put this committee together and joint committees of the Mental Health and Education Committees.

Clearly, I gather that because of the cuts in funding at the state level, things are going to get tougher and tougher and that there's a hope and prayer that funding at the state level and the city level will continue in order to provide the services that we need. But in listening to the advocates and testimonies, I don't see it. Things are going to get worse for our children and staff that are dealing with that.

But also, I heard loud and clear that staff development and training on mental health issues and how to address those at every level needs to be had by the Department of Education.

I say that the services that we must provide, mandated by students' IEPs, there cannot be well we don't have the funds for it, because if that is the case, we're violating the

law. Those services we must provide as per a child's individual educational plan.

So I'm glad that we had this hearing but there clearly needs to be follow-up on this particular matter. Obviously, I know that you're out front on this particular matter. As I indicated in our opening statement, we're going to be having an oversight hearing on the special education reform by the Department of Education within the near future, hopefully June, if not June, by September hopefully. I'm sure that you're going to be involved with that every step of the way. So I thank you for providing the leadership here this afternoon. Even though this hearing lasted over four hours, it was well worth it. So I thank you, my co-chair.

CHAIRPERSON KOPPELL: I want to thank you, Chairman Jackson for cooperating. I think it's clear that there's a tremendous need here. We're not going to be able to address the whole problem. I am very committed in this budget cycle, the budget cycle that we're in right now to finding some more resources for this purpose. The situation as was described by so many witnesses

today is really intolerable.

It's also in a sense discriminatory because you have some kids who are in some schools who are getting the appropriate attention and many kids in other schools who are not. That's just not fair. Let me put it that way.

Thank you. If there are no other people to testify, the hearing is adjourned.

C E R T I F I C A T E

I, Donna Hintze certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature Donna Hintze

Date May 29, 2012