



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Ashwin Vasani, MD, PhD
Commissioner

Testimony

of

Dr. Leslie Hayes
Deputy Commissioner, Division of Family and Child Health
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health
Committee on Mental Health, Disabilities and Addiction
Committee on Hospitals
Committee on Education

On

Oversight: School-Based Health Centers and School-Based Mental Health Clinics

And

Int. 0341-2024

April 17, 2024
City Council Chambers
New York, NY

Good afternoon, Chairs Schulman, Lee, Joseph, Narcisse and members of the Committees. I am Dr. Leslie Hayes, Deputy Commissioner for the Division of Family and Child Health at the New York City Department of Health and Mental Hygiene (Health Department). Thank you for the opportunity to testify today. I am pleased to be here with my colleagues to discuss the Health Department's role in establishing, supporting, and overseeing School Based Health Centers and Mental Health Clinics in New York City Schools. Earlier in my career I served as the Medical Director for a network of School Based Health Centers – I know these centers well and care deeply about their work. First, I want to explain the role of the Office of School Health (School Health) before I move into the subject of our hearing today.

The Office of School Health is a joint office between the NYC Health Department and NYC Public Schools. School Health works hard to promote the health of one million children in 2,000 public and non-public schools in New York City every day. Among other responsibilities, School Health supports School Based Health Centers and Mental Health Clinics by providing training and on-site technical assistance for operations, management, billing, and implementation of best practices. School Health ensures adherence to policies, including chronic illness care, communicable disease reporting, immunization compliance, and nursing coverage needs. School Health monitors all contracts and Memorandums of Understanding (MOUs). They also liaise with all providers, the State Department of Health, State Office of Mental Health, and School Construction Authority on initiation and oversight of new and current clinics. Now I will provide background on School Based Health Centers and Mental Health Clinics.

School Based Health Centers and Mental Health Clinics are two distinct entities, with different regulatory environments and operations. The Office of School Health provides programmatic oversight of both the School Based Health Centers and the Mental Health Clinics. The State Department of Health and Office of Mental Health regulates the clinical standards and licensure of these entities. They represent a unique collaboration between health care providers, schools, and both state and city government to support the health of young people in high need communities. Operations for these entities rely heavily on Medicaid reimbursement, as well as city tax levy, state funds, and philanthropic investment.

School Based Health Centers were established in New York State's public health law, Article 28, and are licensed by the State Department of Health. I will refer to these as Article 28 facilities moving forward. Article 28 facilities are located in school buildings and provide comprehensive medical care to students – including primary, preventative, acute, and chronic care. They also provide referrals as needed. Schools with Article 28 sites offer comprehensive health services. They are staffed by a multidisciplinary team of medical providers, medical assistants, social workers, mental health providers, and nurses. Many include health educators, and some facilities have part-time dental care providers. Insurance is billed as appropriate, but students are guaranteed care with no out-of-pocket costs regardless of their insurance status.

There are currently 138 Article 28 facilities in New York City that serve over 150,000 students across 333 public schools. Criteria for facility location prioritizes large schools with high Medicaid enrollment, high temporary housing status, high disease burden in the school community, and location in Taskforce on Racial Inclusion and Equity (TRIE) neighborhoods. The majority of current locations are in TRIE neighborhoods. Article 28 facilities play an essential role in increasing health care access for school-aged youth, which improves health outcomes, quality of life, and health equity. They are particularly powerful tools for improving access to reproductive

health care. Teens can access age-appropriate, confidential sexual and reproductive health services including onsite dispensing of contraceptives, and HIV and STI screening and treatment. Furthermore, we have found that students follow up more consistently with Article 28 referrals than community referrals, and students with access to Article 28 facilities often have higher immunization rates than students who do not.

These critical facilities face significant challenges in sustaining operations. We are all aware that the U.S. health care system inherently poses barriers to providing care to those who need it most. In Article 28 facilities, we see many of the same struggles seen throughout the health care system. The financial sustainability for Article 28 facilities is tenuous because of high start-up capital costs, recruitment challenges, low reimbursement rates and pending Medicaid changes. Article 28 facilities are primarily funded through Medicaid, and we have serious concerns about the State's plans to transition all School Based Health Centers into Medicaid Managed Care. This transition would mean losing millions in funding and significantly jeopardizing the future of Article 28 facilities. The Health Department, alongside advocates from across the state, has urged the State for years to permanently carve School Based Health Centers out of Medicaid Managed Care. The Governor has vetoed legislation that would accomplish this for the last three years. The state legislature continues to support School Based Health Centers and has introduced legislation for a permanent carve-out again this year. We urge the Council to join us in advocating for the safeguard of these critical resources.

I will now discuss School Based Mental Health Clinics. These facilities were established in New York State Mental Hygiene Law, Article 31, and are licensed by the State Office of Mental Health. I will refer to these as Article 31 facilities moving forward. Article 31 clinics are stand-alone mental health clinics in schools that offer mental health and treatment services. While Article 28 clinics may offer mental health services, Article 31 clinics exclusively offer mental health care. All schools have mental health services in some capacity to support the emotional wellbeing of children and families. Article 31 clinics are part of this universe of resources and are most appropriate for certain communities. These clinics provide individual, family, and group therapies; crisis and psychiatric assessments; and 24-hour crisis coverage for students. Article 31 clinics have highly trained mental health providers that serve as a resource for school staff and families, and supplement other NYC Public Schools supportive services. They are designed to have capacity to serve all students in the building who need services, which allows for no wait lists. They are primarily funded through Medicaid reimbursement.

There are 215 Article 31 clinics in New York City, serving over 191,000 students. Placement criteria prioritizes large schools with high Medicaid enrollment, high temporary housing status, high need based on social-emotional learning school screening results, and lack of community based mental health services. The majority are also located in TRIE neighborhoods. These clinics fill critical gaps in mental health care access. We find that students receive care faster at school-based clinics, and follow up more consistently with referrals to Article 31 clinics in schools than comparable clinics in the community.

Article 31 clinics require low capital costs to open, which is a major advantage. These are stand-alone mental health clinics, and do not require construction or medical equipment. The City's portfolio of Article 31 clinics is expanding – 10 new clinics were approved to open this school year, and 19 new clinics are in the approval process right now, including the clinics in the

Bronx and Brooklyn that were announced today. The City's Mental Health Plan calls for opening more Article 31 clinics where they are needed, and the Health Department is working tirelessly to do so. We look forward to working with the Council to continue this progress.

We are excited by the Governor's recent announcement to provide start-up funding for new Article 31 mental health clinics. The Health Department is already helping establish new clinics this school year with this funding and look forward to the release of more funds. Furthermore, we are pleased that the State has recently increased Medicaid reimbursement rates for school based, Article 31 clinics. We are encouraged by growing state support for these critical facilities. Long-term sustainability is dependent on the State maintaining and growing these investments over time. I will now speak to Introduction 341 of 2024, which would require the Office of School Health to collect and report the number of students with known diagnoses of Sickle Cell disease or trait. The Health Department supports the intent of this legislation; however, we would like to work with the Council regarding some of the technical challenges that we have identified.

Thank you for the opportunity to testify today. I look forward to answering your questions.



JUMAANE D. WILLIAMS

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, EDUCATION,
HOSPITALS & MENTAL HEALTH, DISABILITIES AND ADDICTION**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I want to thank the Chairs and the members of the Committees on Health, Hospitals, Education, and Mental Health, Disabilities and Addiction for holding this hearing today and allowing me the opportunity to testify.

Exacerbated by the COVID-19 pandemic, students continue to experience high levels of stress and trauma, factors compounded by the sudden loss of routine, the gradual return to in-person learning and social, emotional, and behavioral setbacks. As we know, many students rely on schools for educational and behavioral services and for some students, school is their only reliable source of food and health care. Too often, however, students feel unsafe and unsupported in schools. Reliance on policing models for school safety perpetuates a cycle of violence, victimization, and exclusion, feeding the school to prison pipeline.

This carceral infrastructure disproportionately impacts students of more color as studies have linked youth violence to poverty, neglect, violence in the community, distrust between students and school staff, trauma, victimization of students by educators (often in the name of discipline), and a lack of student support and extracurricular activities.^{1 2} Black students represent 49 percent of all school-based NYPD interventions, even though Black young people make up only 26 percent of the student population.³ We must move away from this kind of model and instead adopt a healing-centered approach to ensure all students, staff and families feel safe, supported and seen.

Public schools are the main youth mental health system in our city, and an audit published last year by the State Comptroller found that too many public schools are understaffed with mental health professionals, inadequately trained staff, and only a few have services readily available. It also showed that the DOE provides little oversight to ensure students receive the required mental

¹ https://www.cdc.gov/violenceprevention/pdf/school_violence_fact_sheet-a.pdf

² <https://www.voicesofyouth.org/blog/violence-schools-causes-and-solutions>

³

https://www.cdfny.org/wp-content/uploads/sites/3/2020/07/Updated-CDF-NY-Response-to-the-2019-Q4-Student-Safety-Act-Data.pdf?_ga=2.36795872.1133158378.1602002210-1593521844.1586196127



JUMAANE D. WILLIAMS

health instruction critical to developing their awareness and resilience.⁴ Further, the majority of schools did not meet the recommended ratio of school counselors and social workers to students, and many schools lack a full-time school nurse.

Advocates, students, families, educators, and school staff have long pushed for a healing-centered framework in our city's schools. A healing-centered approach to education recognizes that schools are often sites of trauma for students,⁵ and takes affirmative steps to ensure that all students, staff, and families feel safe, supported, and seen.⁶ While there is some research on implementing healing-centered frameworks in 3K-12 schools,⁷ studies on healing-centered pedagogical programs such as restorative justice or mindfulness-based education underscore the necessity of healing-centered approaches.⁸ Mindfulness-based education and restorative justice are part of a broader shift in the field of education that centers the well-being of school communities. Restorative justice practices are associated with decreased violent or disruptive incidents, increased self-esteem and pro-social behaviors, decreased rates of suspension and expulsion, and gains in attendance and credit accrual.⁹ Studies on mindfulness-based education have shown that it improves working memory, attention, academic skills, social skills, emotional regulation, and self-esteem, as well as self-reported improvements in mood and decreases in anxiety, stress, and fatigue.^{10 11}

Our students need more support – yet despite this, the Adams Administration is proposing even further cuts of hundreds of millions of dollars from our public schools budget. Addressing the mental health needs of young people is an essential investment in the future of New York. With the influx of asylum-seeking students, New York City should be allocating more funding, not less, to support this vulnerable population. Thank you.

⁴ <https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf>

⁵ Healing Centered Brief <https://files.eric.ed.gov/fulltext/ED615766.pdf>

⁶

<https://www.legalservicesnyc.org/storage/PDFs/community%20roadmap%20to%20bring%20healing-centered%20schools%20to%20the%20bronx.pdf>

⁷ Pilot Program for Healing Centered School

<https://www.legalservicesnyc.org/what-we-do/practice-areas-and-projects/access-to-education/community-roadmap-to-healing-centered-schools>

⁸ <https://academiccommons.columbia.edu/doi/10.7916/d8-evx5-1h14>

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<https://www.wested.org/wp-content/uploads/2019/04/resource-restorative-justice-in-u-s-schools-an-updated-research-review.pdf>

¹⁰ greatergood.berkeley.edu/images/uploads/Integrating_Mindfulness_Training_Into_K-12_Education.pdf

¹¹ https://www.neyun.org/wp-content/uploads/2020/09/The_Effects_of_a_Mindfulness_Based_Educa.pdf



**Testimony of the United Federation of Teachers
before the New York City Council Committees on Education, Health, Hospitals,
and Mental Health, Disabilities and Addiction's oversight hearing on School-
Based Health Centers and School-Based Mental Health Clinics**

Apr. 17, 2024

Good afternoon. My name is Karen Alford, and I am Vice President for Elementary Schools at the United Federation of Teachers. I am joined by Christine Schuch, the Associate Executive Director of United Community Schools. On behalf of the union's more than 190,000 members, I want to thank the Committee on Education, the Committee on Health, the Committee on Hospitals, and the Committee on Mental Health, Disabilities and Addiction and Chairs Joseph, Schulman, Narcisse, and Lee for hosting today's oversight hearing on School-Based Health Centers and School-Based Mental Health Clinics. We thank you for the opportunity to discuss the impactful work being done in our centers as well as the areas in which we require increased support.

United Community Schools (UCS) is a teacher-inspired nonprofit improving outcomes for close to 20,000 families at the 39 community schools it operates across New York City and Albany. The community school model is built on the truth that students cannot reach their full potential until their fundamental needs are met. That's why UCS enhances public schools by uncovering the educational, emotional, social, and health issues that stand in the way of learning, and addressing them through strategic community partnerships. By providing essential services such as free eye care and glasses, dental services, nutrition, social emotional learning, and mental and physical health services, our UCS teams are building stronger schools and communities every day.

The school-based health centers within United Community Schools are a vital component of our effort to remove barriers to learning. UCS currently has 9 centers within schools throughout the five boroughs, some of which are open while others are in the beginning stages of opening. Our centers serve all students, regardless of their insurance and immigration status. Last school year, our wraparound health services provided over 18,000 mental health and wellness visits, over 16,000 health and dental visits, and performed over 5,000 vision exams and screenings. Our ability to serve so

many students in our centers is made possible by the work of our community school directors and our equity approach to enrolling students in school-based health services.

Each United Community School has a full-time community school director within the building who works shoulder-to-shoulder with a team of principals, teachers, parents and community members. These directors are deeply entrenched within their communities, allowing them to identify vulnerable students and to connect those students with the resources they need. Additionally, our team's equity approach prompts us to understand which students are not receiving services from our centers and why. Once we determine which students are not enrolled in services and what is preventing them from doing so, we create strategic enrollment plans that foster trust and collaboration with that population. These plans include outreach efforts such as holding enrollment drives during parent/teacher conferences and partnering with translators who can communicate with parents who don't speak English. At P.S. 105 in the Bronx, parents and guardians have told us that the relationship forged between the healthcare team and the families utilizing services is one that leads to trust and peace of mind, as parents know that their student is safe and cared for during the school day. As a result of this approach, UCS school-based health centers have an average of 85% enrollment or higher in the first year of opening and 90% enrollment or higher in subsequent years, while other school-based health centers only reach about 60% enrollment.

Yet another unique aspect of United Community Schools is that eight of our centers are within elementary schools, a segment of the educational system which is currently underserved by in-school health care. School-based health centers are typically located in high schools with large student bodies to ensure there are enough students to sustain the clinic. When elementary centers do open, they sometimes find it unsustainable to provide services due to low numbers of clients from their home school. This was the case for many of the school-based health centers run by New York City's Health + Hospitals (H+H). In August 2023, H+H shuttered its network of eight school-based centers that provided mental health and primary care services to students. However, both not opening elementary centers at all or closing them due to low usage deprives younger students of critically important care.

UCS has addressed this problem by opening our clinic at P.S. 188 to students at neighboring schools in the district. We created and implemented a plan to transport children from P.S. 329, and other nearby schools, to P.S. 188 to receive vision and health services. During students' lunch periods, paraprofessionals or teachers escort students, either by bus or walking, to P.S. 188, and after everyone is seen, escort them back to their school. To facilitate the process, we hired a full-time community engagement director for school district 21 who collaborates with the community school director and health clinic at P.S. 188. This has enabled us to expand the reach of our

clinic, though challenges coordinating with some health care providers have delayed our ability to serve as many students as we would like. Despite the obstacles, our ability to funnel students from the entire district 21 neighborhood into P.S. 188's clinic makes certain that our clinic is used to its full capacity.

Our centers focus on providing healthcare services within school buildings also enables students to receive timely and preventative treatment, without missing precious time in the classroom. To give just a few examples:

- At P.S. 19 in Queens parents expressed that prior to in-school care, they struggled to get dental appointments that fit their schedules, forcing them to postpone necessary dental care for their children.
- At P.S. 329 and P.S. 188 in Brooklyn, two schools located in Coney Island, which is considered a resource desert, students no longer have to miss school and travel long distances to receive healthcare.
- At the Queens High School for Information, Research and Technology, high school students have their eyes, ears, and throats examined during the day, as well as receiving treatment for Sexually Transmitted Infections and more.

In-school health centers which provide mental health services as well as other health care are particularly important at a time when our students across our city are still recovering from the COVID-19 pandemic; we are hearing from school communities across the city that their mental health needs have increased dramatically. However, in recent years, we have also seen school-based mental health centers close their doors due to delayed and very low reimbursements for services. The closure of school-based health centers is detrimental to students who rely on these centers for physical and mental healthcare at no additional cost and whose families may struggle to either identify and pay for mental health professionals in a timely way. At P.S. 19 in Queens, 67 students receive mental health services in an Article 31 school based mental health center from three full-time social workers. Without this mental health center, these students would not receive mental health care.

Mental health services are equally as important for the adults in school buildings as they are for students. During the day, teachers and school staff are the people who interact with and impact our students the most. When they are struggling with their own mental health, they are unable to recognize the needs of their students. The United Federation of Teachers understands this, and it is why we continue to provide mental health services for our members through the Member Assistance Program (MAP) and the Positive Learning Collaborative (PLC).

The MAP program launched in 2009 to fill the void in services addressing the mental health and well-being issues our union members were facing – and continue to face today. Since 2022, our MAP careline has received over 13,000 calls and over 1,000 members have attended weekly support groups on managing emotions and grief. On March 11, 2024, we launched our partnership with Vibrant Emotional Health to introduce a transformative mental health and emotional well-being helpline. In just a few weeks, the line received nearly 80 calls. Over the past two years the PLC, a partnership between the United Federation of Teachers and the NYC Department of Education, has collaborated with the MAP program to further expand the UFT's capacity to meet the needs of educators around social emotional support and mental health.

MAP's staff have also often become the mental health providers of first and last resort when schools face urgent mental health needs after local tragedies. Since September 2023, MAP has served over 100 schools that have requested crisis counseling after their school community was impacted by some form of grief and violence. MAP currently employs two social workers who provide crisis counseling. These individuals are relied on heavily by our union, as well as the NYC Department of Education. Oftentimes, when our MAP social workers enter a school building, they speak with principals and cafeteria workers, titles that are not part of our membership. In a time with such acute demand for mental health services, the Department of Education must step up and provide adequate services for their employees so that we are not left to carry this effort alone. Support from the City Council for this work would be hugely impactful.

The United Federation of Teachers takes immense pride in our ability to provide services to New York City students, as well as to our members who have dedicated their careers to serving future generations. We have seen how school-based health and mental health centers improve the lives of our students and communities. Therefore, it is imperative that we create conditions in which these health centers can thrive and expand their reach. We must increase the number of health centers in elementary schools, enable school-based health and mental health centers to serve students from multiple schools in their neighborhood, and quicken the rate at which these health centers are reimbursed for services.

We thank you again for holding this hearing, and we offer our ongoing guidance as you strive to support school-based health centers.



Presented before the New York City Council

Committees on Education, Mental Health, Disabilities and Addiction, and Health and the Committee on Hospitals

Re: Oversight - School-Based Health Centers and School-Based Mental Health Clinics

April 17, 2024

Thank you Chairs Rita Joseph, Diana Ayala, and Lynn Schulman for the opportunity to testify at today's oversight hearing on School-Based Health Centers and School-Based Mental Health Clinics.

Since 1908, Partnership with Children (PWC) has strengthened the emotional, social, and cognitive skills of children in New York City to succeed in school, society, and life. We place licensed clinical social workers and teaching artists in schools to provide young people growing up in poverty with trauma-informed mental health counseling, community-based programming, and healing-based arts education. Through this approach, our students build the skills necessary to break cycles of poverty and become advocates for their communities. PWC's youth mental health, healing arts, and community-based programming impacts over 27,000 children, families, and community members across 48 NYC public schools.

We would like to thank Speaker Adrienne Adams and the members of the City Council for their continued support of our services to support New York City students.

The Mental Wellness of Young People

The past four years have been especially challenging for New York City students and educators—with the ongoing pandemic the need to provide mental health support to students is important now more than ever. A March 2023 report released by the Mayor's Office, highlighted that in 2021, [20% of children](#) aged 3 to 13 experienced one or more emotional, development or behavioral challenges. Moreover, nearly 40% of New York City high school students shared that they felt sad or hopeless almost every day for at least two weeks during that past year. Latinx and Black students were most at risk as in the same survey, 42% of Latinx and 41% of Black students reported feelings of sadness or hopelessness in comparison to 30% of White students. Despite this reality, the Department of Education (DOE) reports that about [20% of students](#) who would benefit from mental-health support services do not receive them.

Benefits of School-Based Mental Health Clinics

With the challenges endured by youth, we are pleased to see that both city and state leaders are implementing innovative strategies to support the mental wellness of young people. In February, the Governor announced \$20 million in start-up funding to support school-based mental health clinics. She also announced the streamlining of the process for start-up funding to help make it



easier for schools to establish mental health clinics. Additionally, today is the first time the City Council is hosting a hearing on school-based mental health clinics which will certainly help provide more details about the impact of current DOE school-based mental health clinics,

These are all steps in the right direction considering the benefits of school-based mental health clinics. These [clinics](#), licensed by the New York State Office of Mental Health, help to remove obstacles that prevent children and families from getting mental health care by offering on-site mental health services at schools. As a leader in the youth mental health field, we appreciate that these programs address the mental health needs of children while also improving student learning.

Benefits of the Community School Model & Healing Based Arts Education

While we are encouraged by state and city leaders' efforts to examine and expand school-based mental health clinics, we are concerned that programming that has been proven to be effective in supporting youth mental wellness are at risk of losing funding due to expiring COVID-19 dollars. If we truly want to address the mental wellness of young people, we have to prioritize a multifaceted approach. Yes, we should be expanding school based mental health clinics. And, at the same time, we should be protecting and expanding community schools and healing based arts programming— these strategies must co-exist. To that end, we would like to recommend the following:

- **Invest in and Protect Community Schools:** As a lead community based organization in community schools across the city, we know first hand the positive impact community schools have on children and families. By addressing the social and emotional challenges that undermine achievement, community schools increase attendance, improve academic outcomes, improve student behavior and school climate, and more effective teaching. Unfortunately, over 100 community schools are at risk of losing funding due to expiring COVID-19 federal funding. We encourage leaders to restore funding for these community schools and identify opportunities for expanding the community school model across the city.
- **Support Healing Based Arts Programming:** As a supportive pillar of PWC school-based programming, PWC uses arts to address the trauma that impacts students' lives, while simultaneously strengthening the ecosystem of relationships surrounding them in their school environments. PWC work supports students' abilities to analyze, share, and interpret their experiences, assuring they are active contributors in shaping their communities and futures. Our work serves as an example of how arts education can foster mental wellness and healing. Unfortunately, across our city, funding for arts education is



at risk due to the combined impact of proposed budget cuts and the loss of federal stimulus money. We encourage city leaders to save arts education programs from cuts.

Thank you again for your partnership and the opportunity to submit written testimony. Please contact Jerry Hyppolite, Chief of Staff at jhyppolite@partnershipwithchildren.org with any questions regarding this testimony.



Advocates for Children of New York

Protecting every child's right to learn

**Testimony to be Delivered to the New York City Council
Committee on Education; Committee on Health; Committee on Hospitals; and
Committee on Mental Health, Disabilities and Addiction**

Re: School-Based Mental Health Clinics

April 17, 2024

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Thank you for the opportunity to testify. My name is Naphtali Moore, and I am a Staff Attorney on the School Justice Project at Advocates for Children of New York. For more than 50 years, Advocates for Children has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. AFC is also a member of the Dignity in Schools Campaign–New York (DSC-NY), the Campaign for Effective Behavioral Supports in Schools, and the Emergency Coalition to Save Education Programs.

Every child should have access to school-based social-emotional, behavioral and mental health services, especially given the continuing children and youth mental health crisis, with rates of anxiety, depression, and suicidality at concerning high levels. AFC's work with families, as well as data, shows that far too many students are not able to access the mental health support they need. At AFC, we hear from many families of students struggling with mental health crises, whose children are sent to the hospital or removed or suspended from school instead of receiving the mental health support they need to remain in the school community. Too often, schools lack the appropriate resources, trained staff, and clinics and rely heavily on punitive, exclusionary discipline and policing. In fact, during the 2022-2023 school year:

- The NYPD reported 2,838 “child in crisis” interventions, in which a student displayed signs of emotional distress and was removed from school by police and sent to a hospital for a psychological evaluation—representing an 18.9% increase from the 2021-2022 school year, when NYPD reported 2,386 such interventions; and
- New York City Public Schools reported removing and suspending students 36,992 times. Compared to 2021-22, the number of reported class removals increased by 29.6%, principal suspensions increased by 13.8%, and superintendent suspensions were up 10.7%.



While we should be focusing on the need to increase the number of school-based mental health clinics and other programs to help address the behavioral and mental health needs of students, instead we are facing the potential loss of important mental health supports in schools within the next few months. As one key example, the City Council was instrumental in securing \$5 million for the Mental Health Continuum, a cross agency partnership between New York City Public Schools, Health and Hospitals, and the Department of Health & Mental Hygiene to help students with significant mental health needs access expedited mental healthcare and keep students in school. This model is being rolled out at 50 high-needs schools in the South Bronx and Central Brooklyn through supports such as partnerships with mental health clinics, staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for staff.

Unfortunately, the funding for the Mental Health Continuum expires in June, and although this model was highlighted in the Mayor's Mental Health Plan, the Preliminary Budget does not include any funding to continue it. In addition, expiring federal stimulus funds are currently funding a range of supports including 450 school social workers and restorative justice programs, and there is not yet a plan to sustain these investments. We thank the City Council for calling on the Administration to restore funding for the Mental Health Continuum, social workers, and restorative justice programs, among other important education programs, in your budget response.

We urge the City Council to ensure that the budget includes and baselines \$5M to continue the Mental Health Continuum and includes and baselines funding to sustain a range of important education programs currently funded with expiring federal dollars.

Thank you for the opportunity to testify. I would be happy to answer any questions you might have.



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**NYC Council Committee on Hospitals jointly with the Committee on Mental Health,
Disabilities & Addiction Committee on Health, and Committee on Education Legislative
Hearing
TESTIMONY**

1:00pm, Wednesday, April 17, 2024

Good afternoon Council and Committee members. My name is Jeannine Mendez, and I am the Senior Director of Strategic Initiatives & Government Relations at Astor Services, where our mental health and educational programs serve over 4,500 children, adults, and families in the Bronx. On behalf of the staff, children, and families we serve, we want to thank you for your unwavering support of mental and behavioral health and resources in our neighborhoods and communities. I also want to thank you for the opportunity to testify before you today regarding our work in School-based Health Centers in over 39 DOE Schools as well as the proposed resolution to designate the second Friday in March annually as Social and Emotional Learning Day in the City of New York.

For far too long, the mental and behavioral wellness of our most vulnerable New Yorkers has fallen through the cracks. Social and emotional learning has been politicized instead of embedded in our core educational values. It is no secret that we are facing a mental health crisis that continues to grow and affect our most vulnerable New Yorkers daily. Mental health challenges are the leading cause of disability among youth, according to the U.S. Department of Health and Human Services. Nationwide, one out of every five children between ages 3 and 17 suffer from a mental, emotional, developmental, or behavioral disorder. In the decade before COVID struck, feelings of sadness among youth increased 40 percent while suicidal behaviors increased 57 percent. As the pandemic exacerbated the conditions leading to these rates, the U.S. Surgeon General issued an advisory about the crisis. U.S. Surgeon General Dr. Viveck Murphy has clearly stated that “the future wellbeing of our country depends on how we support and invest in the next generation.” As we now face a new pandemic of inadequate mental and behavioral health supports for our youngest residents, that investment needs to start today with ensuring that our human and social service workforces are equipped to manage the current needs that exist when it comes to capacity and access to care. The recent migrant situation in our city, state and nation has only added more strain to an already slim workforce of clinicians, social workers, parent family advocates and mental health counselors trying to serve our constituents where they are. In response to the need for more specialized services, Astor expanded its footprint in our community schools, enhanced our care management services and launched the first Trauma Recovery Center in the Bronx. Our school-based programs and services serve as a hub to support our clients and families, but we are faced with barriers of capacity as well as gaps in programming.

Astor Services has decades of experience working with children in collaboration with the NYC Department of Education in school-aged day treatment programs and clinic-based school satellite programs. Astor offers an array of services based on evidence-based models, providing a comprehensive mental health partnership that is flexible and customizable to the unique needs of each school population. As the needs of each school differ, Astor looks to customize the services and resources available to ensure that each site has the custom expertise needed to have their students thrive. In our community schools, we have collaborated with the community school

directors (CSDs) and school support staff to establish referral protocols to ensure that students/families are being offered the right service at the right time. Astor has successfully partnered with many schools in the design and implementation of multi-tiered referral pathways, clarifying and streamlining how and where students get served. For those schools without a pre-existing model, Astor collaborates with relevant school teams (school-based support/safety/grade meetings) with easy-to-use shared referral documents that inform and optimize referral procedures.

Astor currently runs three (3) school-based behavioral health models throughout more than 38 public schools in the Bronx. Our School-Based Behavioral Health and Training (SBBHT) program serves 23 schools by providing evidence-based treatment, assessments, and evaluations as part of on-site Article 31 satellite school-based mental health clinics. We provide health/educational referrals and case planning, and supervisory oversight is provided by a licensed clinician for all individual, group and family psychotherapy, crisis intervention, and behavioral health assessments and evaluation services. Astor's School Response Team (SRT) currently serving 4 Bronx middle schools, is a joint initiative by the NYC Department of Health & Mental Hygiene (DOHMH) and the NYC Department of Education (DOE) Office of School Health (OSH) which operates under Astor Services to expand mental health awareness in school communities. The program's staff collaborates with school leadership, supports academic staff and families, and works to decrease the stigmas often associated with mental health conditions and services. Staff provides training for academic staff, consultation and linkages to community-based resources, direct crisis intervention and prevention activities. These activities allow students with behavioral problems and/or mental health issues to improve their skills and responses when coping with various personal, academic, and family related stressors. Astor currently serves 11 Bronx schools through its Behavioral Health Resource Team (BHRT) initiative. The BHRT is a program specifically designed to assist students and families to meet the challenges associated with a physical return to their school environment and expand mental health awareness in school communities. The staff support students and families in managing their behavioral and mental health and challenges of navigating the school environment, while supporting the campus Social Emotional Learning environment. Staff provide on-site direct support services including assessment and short-term interventions, consultations, screening and referrals, crisis intervention, and prevention services. These activities allow students with behavioral challenges and/or mental health issues to improve their skills and responses while coping with various personal, academic, and family-related stressors. We all know that one size does not fit all when trying to combat behavioral and mental health issues within our schools and so Astor strives to provide services that are customizable to support the needs of individual school settings.

We are all aware of the unprecedented challenges ahead but considering the exasperating mental health challenges facing our communities, we must remain optimistic that you will partner with us on this journey by recognizing how imperative it is for us to secure the crucial mental health workforce and systems that will provide the vital services desperately needed to help our city's vulnerable children and families. Astor currently is requesting \$300,000 in discretionary funding in FY'25 to allow us to expand on our existing school-based services and community engagement and it is our hope that we can count on your support.

Thank you.



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Testimony for the Committee on Education in Support of School-Based Mental Health Clinics

April 18, 2024

To Whom It Concerns:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC, Executive Director of CIDNY.

Too often, efforts to protect the safety and wellbeing of New York City students have excluded mental healthcare, leaving students with mental health-related disabilities (e.g. anxiety, PTSD, ADHD, etc.) particularly vulnerable. In 2021 the National Center for Education Statistics found that students with disabilities were twice as likely to drop out of high school as their nondisabled peers (10.7% vs 4.7%).

The NYC public school system has faced widespread and ongoing shortages of school psychologists, social workers, and guidance counselors. It averages one social worker for every 456 students and one guidance counselor for every 277 students. The national guidance says the ratio for both should be 1:250, or 1:50 if the students present with higher needs. As a result, many students have spent their adolescence with limited access to the help they need. Special education evaluations dropped by 57% at the beginning of the pandemic, and while those numbers are slowly beginning to tick up, there are still not enough qualified mental health professionals in schools to evaluate students who may need services. The impact that not receiving necessary support in school has on students' mental health is well documented. For instance, a review of multiple longitudinal studies published in 2023 by Wilmot et al. found that children with dyslexia who do not receive appropriate accommodations are at higher risk for experiencing anxiety, depression, and emotional dysregulation. There are not enough mental health professionals in schools to recognize when students are struggling because they are missing critical supports (a 2023 report from the office of the New York City comptroller found that during the 2021-2022 school year 13,800 related services- e.g., speech therapy, physical therapy, etc.- were not fulfilled, despite the students being entitled to them).

Students today are experiencing trauma at unprecedented levels. More than 8,600 NYC children lost at least one parent to COVID-19, the number of students living in temporary housing has gone up, students who are the children of asylum seekers must cope with drastic changes: in environment, culture, language barriers, and, often, PTSD. All students are navigating the social, emotional, and intellectual demands of school with the added burden of the pandemic's interruptions of their personal development and learning.

The effects of these factors are clear, and they are devastating: a NYC Department of Health Survey found that approximately 9% of the City's high school seniors reported they attempted

suicide in 2021, and the rate of chronic absenteeism (where a student misses at least 10% of school days) was 36% during the 2022-2023 school year.

Both Governor Hochul and Mayor Adams have emphasized the need for school-based mental health clinics, especially since for many students, the mental healthcare they receive in school is the only mental healthcare they have access to. However, despite the Governor's \$20 million statewide funding commitment to expanding these clinics and the Mayor's \$26 million contract with Talkspace for a teen telehealth network, a greater investment in mental healthcare aimed at students is still needed. Funding for school psychologists, social workers, and the Mental Health Continuum (a program that partners schools and mental health clinics in NYC) has been routinely under threat this year due to budget cuts and expiring federal stimulus money.

In addition to staffing shortages, there also has been no guarantee that the mental health professionals who are in these schools are trained in Multicultural Disability Competence (MDC), which considers the way various cultures respond to therapy (or other cultural practices), and how that might impact the therapeutic process, and then making these same considerations in relation to disability. Understanding the intersectionality of disability and culture, especially when it comes to providing trauma-informed services, is integral to a trusting and effective relationship between clinician and patient, which is why MDC training is a fundamental part of CIDNY's mental health program. In school-based mental health clinics, mental health professionals who are not practicing using MDC are not necessarily providing effective therapy for their students. This is particularly true for students of color, who, according the same 2023 NYC Comptroller report cited above, are less likely to be provided the mandated services they are entitled to in the first place, and therefore, more likely to be struggling with the added trauma of having an underaccommodated disability.

There is no question that students in NYC are experiencing a mental health crisis. Investing in school-based mental health clinics, and especially in both the quantity and quality of their staff, is critical to protecting the safety, wellbeing, and opportunities for optimal personal growth and learning of our students, particularly those with disabilities.

Thank you for your time.

Sincerely,

Molly Senack (She/Her)
Education and Employment Community Organizer
Center for Independence of the Disabled, New York
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Rhonda Braxton, Vice President, Health and Wellness, Children's Aid
Submitted Testimony – New York City Council's Committees on Hospitals,
Health, Education, and Mental Health, Disabilities, and Addiction Education
Committee
Joint Oversight Hearing: School-Based Health Centers and School Based
Mental Health Clinics
April 17, 2024

My name is Rhonda Braxton, and I am the Vice President for Health and Wellness at Children's Aid. I would like to thank Committee Chairs Narcisse, Schulman, Joseph, and Lee, and the members of New York City Council's Committee on Hospitals, Health Committee, Committee on Education, and Committee on Mental Health, Disabilities, and Addiction for the opportunity to submit testimony on School-Based Health Centers (SBHCs).

For over 170 years, Children's Aid has been committed to ensuring that there are no boundaries to the aspirations of young people, and no limits to their potential. We are leading a comprehensive counterattack on the obstacles that threaten New York City's (NYC) children and youth's achievements in school and in life. We have constructed a continuum of services, positioned every step of the way throughout childhood that builds well-being and prepares young people to succeed at every level of education and every milestone of life. Today our over 2,000 full and part time staff members empower nearly 50,000 children, youth and their families through our network of 40 locations including early childhood education centers, community schools, community centers, community health centers and six School-Based Health Centers.

Children's Aid believes that one of the most effective ways to keep kids healthy is by making high-quality physical, mental, and dental health care as accessible as possible. For many children, that means building health care services into their schools because it is the place where they spend the most time and are in a trusted setting. Having health services based in schools enables youth to access them with minimal burden to parents, and prevents youth from missing school time to receive care. School-Based Health Centers provide high quality, low cost health care, and importantly serve all patients regardless of insurance or immigration status. The care SBHCs provide are an important pillar of New York State's health equity strategy and are a low cost, high impact health care service delivery model that has been proven to:

- Attract harder-to-reach populations, especially migrants, minorities, and males, and do a better job at providing crucial services such as mental health care and high-risk behavior screens.^{1 2}
- Significantly decrease absenteeism and tardiness among adolescents receiving counseling.³
- Increase willingness to seek medical services, especially for students reporting depression and past suicide attempts, and those seeking information on pregnancy prevention.⁴
- Reduce emergency room use; reduce hospitalization and increase school attendance.^{5 6}
- Reduce publicly funded costs, between 2008 and 2017, SBHCs averted an estimated 5,376 pregnancies, 2,104 births and 3,085 abortions, an estimated savings to New York City of \$30,360,352.⁷

As a result of the accessibility of services, SBHCs also reduce the need for parents to take time off from work to connect their children to health services, which is particularly advantageous to low-income families who need to maximize hours worked in order to make ends meet.

Children’s Aid operates six School-Based Health Centers (see page 7 for sites and locations) that provide an array of medical, dental and behavioral health services. Our School-Based Health Centers are all located in low-income neighborhoods where access to health care can be an ever-present roadblock for families. In Fiscal Year 2023, our SBHCs served 5,430 students and saw a total number of 13,504 medical visits, including 2,121 reproductive health visits, 976 physicals, as well as 4,926 medical visits for acute and chronic conditions, and 5,481 first aid visits. Additionally, our licensed mental health clinicians provided 4,103 behavioral health visits, and our dentist and dental hygienist provided 1,968 dental visits. In the 2022-2023 school year, our SBHCs served 778 students residing in shelters or temporary housing and 107 migrant students.

¹ . Juszczak L, Melinkovich P, Kaplan D. Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites. *Journal of Adolescent Health*. Jun 2003;32(6 Suppl):108-118

² . Kaplan D, Calonge B, Guernsey B, Hanrahan M. Managed Care and School-based Health Centers: Use of Health Services. *Archives of Pediatric and Adolescent Medicine*. 1998;152:25-33.

³ Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of Psychosocial Screening at a School-Based Health Center. *Journal of School Health*. Sep 2000;70(7):292- 298.

⁴ Riggs S, Cheng T. Adolescents Willingness to Use a School Based Clinic in View of Expressed Health Concerns. *Journal of Adolescent Health Care*. 1988;9(208-213).

⁵ Key JD, Washington EC, Hulseley TC. Reduced Emergency Department Utilization Associated with School-Based Clinic Enrollment. *Journal of Adolescent Health*. Apr 2002;30(4):273-278.

⁶ Santelli J, Kouzis A, Newcomer S. SchoolBased Health Centers and Adolescent Use of Primary Care and Hospital Care. *Journal of Adolescent Health*. 1996;19:267-275.

⁷ Fisher, Rebecca et al. “Provision of Contraception in New York City School-Based Health Centers: Impact on Teenage Pregnancy and Avoided Costs, 2008-2017.” *Perspectives on sexual and reproductive health* vol. 51,4 (2019): 201-209. doi:10.1363/psrh.12126

Throughout the COVID-19 pandemic, our School-Based Health Centers played a pivotal role, with some remaining operational in limited capacities. Many of our students who engaged in counseling at the onset of the pandemic were able to continue to receive uninterrupted mental health support through the school year and beyond, thanks to our swift implementation of tele-mental health services. Our SBHCs remained open for scheduled clinical appointments when schools were closed, except in instances where the schools were closed due to a COVID-19 outbreak. As schools reopened in the fall of 2021, our SBHCs shifted to provide COVID-19 testing for symptomatic students, telehealth services, and behavioral health services for students and families. When the COVID-19 vaccine was available to children and adolescents, we were an important partner in providing vaccinations in the schools. SBHCs have been a critical safety net for our youth during these challenging times, and importantly provide a crucial point of access for youth already experiencing high levels of distress.

At present, many of our SBHC's are seeing an influx of newcomer students with varying health care needs and little to no resources. Our SBHC clinicians and staff are working tirelessly to meet the needs of these students and families, thus allowing the school to serve as an entry point to the health care system for newly arrived immigrants. In recent months one of our SBHCs in Inwood received four new asylum-seeking students from West Africa who self-identified as having sickle cell disease during their registration process. We conducted physical examinations and ran laboratory tests that confirmed their condition. Subsequently, we facilitated their connection with a hematologist. Collaborating closely with the hematologists, we ensured these children received the necessary vaccinations to continue attending school. Since they were still waiting to get their insurance card, and had depleted their supply of penicillin, we provided them with prophylactic penicillin from our own stock to prevent life-threatening infections that commonly present in children with sickle cell.

This example illustrates an overarching function of SBHCs: to lower barriers to receiving preventative health care, including immunizations, and create the infrastructure to provide required public health screenings regardless of insurance. SBHCs facilitate access to physicals needed for enrollment in school and aftercare, as well as connect families to subspecialists and neighborhood primary care providers. In summary, SBHCs are a crucial component of the city and state's social safety net that connect families who would otherwise fall through the cracks to the necessary resources, particularly for students who are medically complex.

Behavioral and Mental Health Services delivered at School-Based Health Centers

We recognize that the state of mental health for our youth is precarious. The isolation, grief, and trauma brought on by the COVID-19 pandemic have fueled the proportion of emergency room visits related to mental health among young people ages 12 to 17, increasing by 31% from 2019 to 2020⁸. Following a significant increase in the number of children diagnosed with anxiety and depression, anxiety screenings are now recommended for all children 8 and over. Depression screenings are recommended for children ages 12 and over. Suicide is increasing at alarming rates, especially for black boys and girls, and is the second leading cause of death for young people nationally.

Within our network of School-Based Health Centers, four of our six SBHCs operate on-site Article 31 Mental Health satellite clinics. All six of our SBHCs can connect youth in need to behavioral health services and also provide referrals to our home and community based Child and Family Treatment Services (CFTSS). Our youth are experiencing a mental health crisis that is unprecedented in scale and magnitude. Without holistic mental health services and accessible entry points for care, we are concerned about negative outcomes over the long-term.

Within Children's Aid, our behavioral health programs have seen demand increase significantly since the onset of the pandemic. Patient visits for behavioral health services in 2020 increased by 31.3% in comparison to visits in the previous year. Our mental health support has been critical. Many of our students and families are facing real loss, fear, anxiety about the future, and depression. In fiscal year 2023, our licensed mental health clinicians provided over 4,100 behavioral health sessions, working towards meeting a persistent need for youth mental health support.

Amidst pandemic recovery efforts, our SBHCs remain important hubs for health care access for our youth. SBHCs are needed now more than ever as our youth have experienced - and continue to experience - grief, isolation, and anxiety about the future. Many services, including well-child visits, dental care and other preventive health care services took a back seat during the pandemic.

Despite the importance of the services that School-Based Health Centers offer, they are grossly underfunded. They are primarily funded through revenue from billing health

⁸ Szabo, L. (2021, July 1). Damage to Children's Education — And Their Health — Could Last a Lifetime. Kaiser Health News. Retrieved from <https://khn.org/news/article/covid-pandemic-children-education-health-setbacks>.

insurance, which only covers about 50% of the operations (more or less, depending on the school). Commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only a portion of the cost of service. For insurance purposes, health interventions typically fall within one of three tiers. Where tier 3 interventions like one-on-one therapy sessions are reimbursed, tier 1 and tier 2 interventions such as school wellness activities, like mental health education and training, are almost never funded by insurance (private or otherwise). Yet it is precisely these interventions that are preventative in nature that have the capacity to improve group or population health outcomes. As a result, carrying out these interventions comes at a loss to the program or requires standalone grant funding.

Some School-Based Health Center sponsors receive some funding from New York State Department of Health, however a combination of Non-Medicaid grant funding for the State's 252 SBHCs for the delivery of core primary medical and mental health care services to over 250,000 children has been reduced by over 25%, (\$5.8 million), since 2013. Many SBHC sponsoring organizations had non-Medicaid grants funds disproportionately reduced in 2017 as a result of a 20% across the board cut in the final 2017-18 State budget; and 27 SBHC sponsors saw additional cuts ranging from 25% to 70% of total non-Medicaid grant funds due to a distribution methodology change that same year. The non-Medicaid State grant funds are used by centers to help cover the deficits incurred by the SBHC commitment to serve all children, including those who are immigrants and uninsured or underinsured.

In 2019 the Cost-of-Living (COLA) adjustment was permanently eliminated at the state level and post-pandemic SBHCs have yet to recover from the significant loss of approximately \$26 million in Medicaid revenue when schools were closed during COVID.

The remaining revenues for School-Based Health Centers come from federal and city grant funding. City funding accounts for 6% of the total annual budget for New York City School-Based Health Centers through approximately \$7.8 million in City Tax Levy dollars for 35 of the 140 SBHCs in NYC. **105 School-Based Health Centers receive no direct funding from NYC.**

Additionally in New York City, SBHCs assist New York City Public Schools (NYCPS) in fulfilling the health mandate that requires a school nurse be on site at elementary schools with more than 200 students, and at middle and high schools with students requiring 504 accommodations for specific conditions. When a SBHC is established within a school

campus, its clinical presence satisfies the City mandate while also expanding the range of health services available to the student body. However, NYCPS removes the school nurse and relies on the SBHC to fulfill the health mandate without allocating any funding for this purpose.

As a result of this systemic disinvestment across New York state and modest investments by New York City, SBHCs find their programs in financial crisis while the need for school based health services continues to grow. Without SBHCs many of New York City's children and youth cannot access care. We request the New York City Council prioritize funding for NYC SBHCs to prevent further service reductions and closures. **We request that the FY25 budget include a funding model that ensures \$100,000 per school campus, plus \$100 per student enrolled in the school.** SBHCs are uniquely able to address the growing health needs of students across NYC. We urge the New York City Council to support the financial sustainability of SBHCs across New York City.

Children's Aid sincerely thanks the New York City Council for their vigorous support of the most under-served families and communities in New York. New York City has a unique opportunity to address the health and mental health crisis for youth by investing in effective, cost-efficient, and life-saving services. We stand ready to partner in improving health access and outcomes for New York City youth. If you have any questions about this submitted testimony please contact Michelle Avila, Interim Director of Public Policy, at mavila@childrensaidnyc.org.

Children's Aid SBHC Sites & Locations

School- Based Health Center Site	Address
Curtis High School SBHC	105 Hamilton Avenue, Staten Island, NY 10301
Charles Drew Educational Campus SBHC	3630 Third Avenue, Bronx, NY 10456
Salome Urena Campus (MS 322 & City College Academy for the Arts) SBHC	4600 Broadway, New York, NY 10040
Mirabal Sisters Campus (MS 319 & MS 324) SBHC	21 Jumel Pl, New York, NY 10032
PS 5 Ellen Lurie SBHC	3703 10th Ave, New York, NY 10034
PS 8 Luis Belliard SBHC	465 W 167th St, New York, NY 10032



**Testimony of Alice Bufkin
Associate Executive Director of Policy and Advocacy
Citizens' Committee for Children of New York**

**Submitted to New York City Council Committee on Health, Committee on Mental Health,
Disabilities and Addiction, the Committee on Hospitals, and the Committee on Education
Oversight Hearing on School-Based Health Centers and School-Based Mental Health Clinics
April 17, 2024**

Since 1944, Citizens' Committee for Children of New York has served as an independent, multi-issue child advocacy organization. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce; our priority is improving outcomes for children and families through civic engagement, research, and advocacy. We document the facts, engage and mobilize New Yorkers, and advocate for solutions to ensure that every New York child is healthy, housed, educated, and safe.

Thank you Chair Schulman, Chair Lee, Chair Joseph, Chair Narcisse and all the members of the Committee on Health, the Committee on Mental Health, Disabilities and Addiction, the Committee on Hospitals, and the Committee on Education for holding today's hearing.

In 2013, Citizens' Committee for Children published a report entitled, [*A Prescription for Expanding School-Based Mental Health Services in New York City Public Elementary Schools*](#), informed by local school principals and clinicians. Though more than a decade old, many of the challenges and recommendations identified in the report are still relevant today. In particular, the report draws attention to the critical role Article 31 school-based mental health clinics play in supporting students' behavioral health; the administrative and funding challenges that make it difficult to open and operate these clinics; and opportunities for the city to bolster the ability of these clinics to stay open and provide high-quality services.

Below, we offer an overview of key considerations related to Article 31 school-based clinics, and recommendations for improving their sustainability and enhancing access to their services.

The Value of School-Based Mental Health Clinics

Throughout New York, families are sitting on waitlists for weeks, months, and even years for behavioral health services their children urgently need today. These challenges are borne out in [*New York City*](#), where 15.6 percent of adolescents report seriously considering suicide and 36 percent of high schoolers report persistent feelings of sadness and hopelessness.ⁱ In February 2021, youth advocates launched a [*Voicing Our Futures survey*](#) that collected responses from more than 1,300 young people across New York City. More than a third said they wanted or needed mental health services from a professional, but only 42 percent who needed services reported receiving them.ⁱⁱ

As a result of a lack of adequate care, children are cycling in and out of emergency rooms and hospitals. In 2019 32% of young people discharged from a psychiatric stay at a general hospital in New York City

ended up back in an emergency room within 90 days; 22% end up back in an inpatient bed. Parents are left desperately searching for services that just aren't there.ⁱⁱⁱ

Article 31 School-Based Mental Health Clinics (SBMHCs) play a critical role in addressing the behavioral needs of children in our city. SBMHCs operate under the auspices of independent, licensed not-for-profit health care institutions (e.g. voluntary community-based providers or local hospitals). These sponsoring agencies contract with participating schools to provide services through satellite clinics located on school grounds. Sponsoring agencies are responsible for staffing these clinics with medical and/or mental health professionals, as required, and for developing the clinics' billing infrastructure. In return, school principals are responsible for providing a safe and secure space, in accordance with State regulations, to administer services to students.

An Article 31 SBMHC is a comprehensive model of mental health care delivery in a school setting, with on-site mental health clinicians providing a wide array of services. These clinics offer students and families assessments and evaluations; individual, group and family therapy sessions; service coordination; case management; and crisis intervention. Aside from offering standard assessment and treatment services, school-based mental health clinics also focus on the following prevention services:

- Classroom observation;
- Participation in school-based committee or interdisciplinary team meetings;
- Consultation with school staff (e.g. principals and teachers) regarding the social, emotional, and behavioral needs of children;
- Trainings to school staff on various mental health topics, including classroom management, bullying prevention and conflict resolution; and
- Parent outreach and workshops on various mental health topics, including parenting skills, conflict resolution, bullying prevention and domestic violence.

SBMHCs have the benefit of being available to students outside of school hours, including after school and during the summer, as well as for weekend crisis support in many instances. Clinicians are also available for emergency risk assessments for students who express suicidal ideation, homicidal ideation, or self-harm, and are often able to reduce the need for hospitalization or 911 involvement because they are able to respond immediately on-site.

Given the depth of mental health needs facing New York's young people, it is urgent that the city identify ways to enhance access to services in school-based mental health clinics.

Financial Barriers to Operating a School-Based Mental Health Clinic

SBMHCs are primarily funded by a reimbursement model by which they claim payment from a mix of third party payers, including Medicaid managed care, Child Health Plus, and commercial (or private) insurers. Medicaid is the single largest third party payer for services in school-based settings.

Unfortunately, SBMHC are only able to recoup a fraction of the total cost of care from third party payers, even after all efforts to maximize claims have been exhausted. This is a result of two main factors: 1) Current reimbursement rates remain too low and do not match the cost of care, and 2) Many of the vital populations SBMHC serve, and the services they offer, are not reimbursable, and therefore clinics take a financial loss whenever they provide this care. Key non-reimbursable scenarios include the following:

- **Services provided to a student who does not have any form of health coverage.** A clinic is obligated to see a student presenting for a service, even if that clinic is not recognized as a participating provider in their health plan or if the student is uninsured. Yet these services will not be

reimbursed if the student does not have health coverage. This challenge may disproportionately impact clinics serving large immigrant populations, who are less likely to have health coverage in New York, even if they are eligible.

- **Services provided to a student who does not have a diagnosis.** Without a diagnosis, the clinic cannot bill Medicaid or any other third party insurer. Yet many students who need mental health supports do not have a diagnosis, nor should having a diagnosis be a requirement for receiving services.
- **Services not deemed billable.** Many of the most essential supportive services SBMHC clinics can offer are not technically reimbursable. These include services such workshops/trainings for school staff, consultation with teachers regarding children who lack parental consent to be treated, crisis services for children who are not already admitted to the clinic, case management, referrals and parent outreach. For instance, if a clinician were to spend several hours helping de-escalate an emotional crisis with a student and prevent school staff from calling EMS or the NYPD, that would not be reimbursable.

As a result of these financial limitations, SBMHCs cannot remain operational if they do not find funding sources to supplement their reimbursement. Some clinics rely on philanthropic dollars to make up the difference between reimbursement and costs. Other SBMHCs survive because they are partnered with another school-based program, such as a Community School or a Prevention and Intervention Program (PIP). These programs have their own independent funding, and may be able to route some of this funding to help sustain their on-site clinic.

However, many schools with SBMHCs do not have philanthropic resources, or may not be part of a Community School or other program with independent funding. And even those with these resources may find them insufficient. As a result of insufficient funding, providers report clinic closures every year.

Recommendations

1. **Provide wraparound city funding to all existing school-based mental health clinics to help finance preventive and essential administrative services that are not billable.** Medicaid does not cover services to children without a diagnosis, and clinics are not reimbursed for services provided to children without health coverage. Other essential supports that clinics can offer schools – such as workshops/trainings for school staff, consultation with teachers regarding children who lack parental consent to be treated, crisis services for children who are not already admitted to the clinic, case management, referrals and parent outreach – are not compensated. Collectively, these reimbursement limitations have placed an enormous strain on the ability of clinics to remain solvent.

This is where the City can step in. Wraparound funding for existing clinics – specifically \$75,000 per clinic – will enable clinics to offer a more comprehensive and inclusive array of services, including for uninsured children and children without a diagnosis, as well as trainings and support for school staff and the school population more broadly. It will, in short, help ensure the financial stability and effectiveness of these important community clinics.

We recommend that the City begin with the 50 SBMHCs that have the fewest financial resources to make up for insufficient reimbursement. The City should consider identifying legacy clinics – those that never received state startup funding and are not partnered with a school program such as Community Schools – as a potential priority for additional funding. **Ultimately, we recommend a long-term goal of expanding funding to all SBMHCs in the city.**

- 2. Protect and Expand Community Schools.** SBMHCs are frequently partnered with Community Schools, as the holistic nature of Community Schools and the clinical care of SBMHCs provides a comprehensive support system to meet students' behavioral health needs. Community Schools have been shown to lead to improved student attendance, academic achievement, family engagement, improved child physical and mental health outcomes, and increased community safety.^{iv} They are also crucial to helping many SBMHCs remain financially viable.

Unfortunately, funding for Community Schools is threatened in the City Budget year after year. This year, Community Schools are facing significant budget reductions both from city budget cuts and one-year funding, as well as from the anticipated loss of federal COVID-19 relief funding. **We therefore urge City leaders to protect funding in the FY25 Budget for Community Schools, including \$55 million in expiring federal funding, \$8 million in November PEGs, and \$14 million in one-time city funds.**

Moving forward, we urge City leaders to maintain and expand Community Schools funding. This will not only help strengthen the sustainability of SBMHCs located at Community Schools, but will increase the number of students able to access the essential wraparound supports offered through the Community Schools model.

- 3. Advocate with State leaders to enhance Medicaid behavioral health outpatient reimbursement rates.** The primary hurdle facing school-based mental health clinics is the same hurdle facing all children's outpatient behavioral health providers: a deeply insufficient workforce driven largely by inadequate Medicaid reimbursement rates. Inadequate rates statewide have led to high vacancy rates and turnover, and ultimately to children and families waiting months or even years to find services.

Though Medicaid reimbursement decisions are made at the state level, City leaders have an important role advocating with state elected and agency leaders to reform Medicaid rates. We urge the City Council and Administration to uplift the challenges providers face in finding staff, and the crisis of waitlists confronting families as a result.

At the State level, CCC is working closely through the Healthy Minds, Healthy Kids Campaign to advance a [series of rate reforms to the children's behavioral health outpatient system](#). These reforms would transform the children's outpatient system, helping address the waitlist crisis confronting families in New York City and across the state. We hope City leaders will help support and uplift these recommendations with State leaders, as they will result in improved rates of reimbursement necessary to attract and retain the community-based outpatient behavioral health workforce needed to increase timely access to care for children and adolescents in New York City.^v

- 4. Work with state leaders and state agencies to ensure implementation of last year's state mandate requiring commercial insurers to reimburse school-based mental health clinic services in the same rate as Medicaid.** Historically, commercial insurance rates for children's outpatient services have been significantly lower than Medicaid rates. In fact, commercial insurers pay on average half of what Medicaid pays in New York State for outpatient behavioral health services. This has contributed to the workforce capacity crisis, ultimately increasing the number of families on

waitlists and children sent to emergency rooms and hospitals because their families cannot find or cannot afford providers who take their insurance. A recent report by the NYS Attorney General demonstrated that New York’s health insurance companies are failing to offer adequate mental health care, highlighting the central role inadequate reimbursement rates play in this failure.

Last year’s state budget took an important step to combat this inequity by requiring commercial insurers to reimburse school-based mental health clinic services at at least the same rate as Medicaid. While this was a critical policy advance, it is clear that implementation is not currently occurring. SBMHC providers are overwhelmingly reporting that administrative and contracting barriers are preventing their sites from implementing and enforcing this change. We urge city leaders to partner with state elected and agency leaders to identify and immediately address the barriers preventing enactment of this crucial policy change.

- 5. Enhance DOE reimbursement rates for Prevention and Intervention Program (PIP).** PIP schools are a DOE-funded model that provides counseling, educational workshops, crisis management, and case management to students. Like Community Schools, they are often partnered with SBMHCs, and help support their sustainability. However, reimbursement for PIP services is inadequate, and has not been raised since 2017/2018. We urge DOE to raise PIP reimbursement rates to the same rate as Medicaid to help ensure the sustainability of both PIP models and SBMHCs that partner with them.

Thank you for your time and consideration.

ⁱ Centers for Disease Control. “High School Youth Risk Behavior Surveillance System Survey: New York 2021 Results.” <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=NY>.

ⁱⁱ Voicing Our Future 2021. <https://lookerstudio.google.com/reporting/a13f9c4f-3609-4075-9381-047a6dfb0254/page/MmEIC?s=lxGhynVc6ZE>

ⁱⁱⁱ Office of Mental Health. County Planning Profiles: Readmission Rates in NYC. 2020. <https://omh.ny.gov/omhweb/tableau/county-profiles.html>

^{iv} “What Is the Impact of the New York City Community Schools Initiative?” Rand Corporation. 2020. Retrieved from: https://www.communityschools.org/wp-content/uploads/sites/2/2020/11/RAND_RB10107.pdf

^v Healthy Minds, Healthy Kids. “\$195 Million Needed to Tackle Urgent Challenges Exacerbating Youth Behavioral Health Crisis.” November 2023. https://healthymindshealthykids.org/hmhk-publication/?post_type=data_publications&post_id=17755



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**New York City Council's Committees on
Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction
Public Hearing: School-Based Health Centers and School-Based Mental Health Clinics
April 17, 2024**

Background

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide written testimony to the NYC Council's Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction for the Public Hearing: School-Based Health Centers and School-Based Mental Health Clinics. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Community health centers are New York's safety net, providing high quality primary and preventive care regardless of ability to pay, insurance coverage, or immigration status. NYC CHCs serve more than 1.2 million patients at 490 sites across the city. Among NYC CHC patients, 93% live below 200% of the Federal poverty level, 83% are Black, Indigenous, or People of Color (BIPOC), 30% speak limited or no English, 12% are uninsured, 5% are unhoused and nearly 71% are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients to ensure they are connected to services they are eligible to receive. While CHCs don't track immigration status, it is highly likely that many uninsured patients are ineligible for coverage due to their immigration status, including asylum seekers. CHCs strive to address the complex issues of poverty, racism, and discrimination that disproportionately impacting BIPOC communities, overcoming historical failures of the traditional healthcare system, by making access to care as accessible and inclusive as possible.

Community health centers operate more than half of New York State's 260+ school-based health centers (SBHCs), providing comprehensive primary and preventive care, including mental health and dental services, on-site at schools to over 250,000 children throughout the State. Many CHCs operate SBHCs throughout NYC, offering these essential healthcare and social support services to students onsite at school. To ensure that SBHCs can continue to provide and expand these critical services to students throughout NYC, CHCANYS respectfully requests the New York City Council to increase funding for NYC's SBHCs.

I. School Based Health Centers Expand Access to Healthcare

By effectively bridging New York's health and education systems, SBHCs ensure accessible healthcare services for students, particularly in communities throughout NYC where children face significant barriers to high-quality primary care. According to the Children's Defense Fund,¹ in NYC, despite approximately 97% of children under 18 have health insurance, only about 60% of adolescents receive the recommended number of well child visits. Located on school premises, SBHCs are an invaluable source of healthcare for students, ensuring continuity of care while also reducing the likelihood of emergency room or hospital visits and decreasing school absences. Increasing investments in SBHCs to shore up staffing and resources will further increase access to healthcare for children.

¹ https://www.cdfny.org/wp-content/uploads/sites/3/2019/02/Policy-Brief_Sep-2016-NY-2-final.pdf



Moreover, SBHCs serve as important access points for mental health services, addressing the mental health needs of students. SBHCs have been recognized as an effective means of providing support to students with emotional and behavioral issues, ultimately contributing to improved outcomes for students' overall well-being. By offering services within familiar and supportive environments, SBHCs encourage students to seek help when needed, fostering a culture of wellness within schools. In addition, SBHC staff often facilitate connections to other community-based health resources, further enhancing students' well-being.

For asylum seekers' children, SBHCs have been key to establishing routine care. CHCs were among the first community partners to collaborate with NYC to ensure asylum seekers were connected to a primary care home upon arrival to NYC and that the children were being given full vaccination series to enable them to enter school. According to a CHCANYS' survey in 2023, 66% of CHCs reported providing vaccinations to asylum seekers at the request of local health or school district officials. This is a herculean effort, given NYC policy requiring documentation within 30 days of school enrollment, CHCs worked, and are still working, tirelessly to obtain documentation necessary for school requirements (i.e. vaccination records, health histories, and insurances). Furthermore, the mental health services that SBHCs provide are an indispensable resource for asylum seeker children, given that many have endured long and potentially traumatic journeys and may have undiagnosed behavioral health needs.

II. **Sustained Investments are Needed**

Despite serving as the cornerstone of the healthcare system, primary care has been historically underfunded, with primary care accounting for approximately 35% of all health visits each year, but only about 5-7% of all healthcare spending.² This is unsustainable given that costs today for personnel, benefits, equipment, medical supplies, and office space are all significantly higher than what they were decades ago and have risen exponentially since the pandemic. Thus, resulting in CHCs facing detrimental financial challenges that threaten the continuity and sustainability of SBHC services. The demand for SBHC services continues to increase, especially for mental health services, and consistently surpasses available resources. Health centers often tell CHCANYS that their SBHCs operate on deficits, with program budgets filled by other financing streams, i.e., the 340B drug discount program or grant funding. According to analysis conducted by the Urban Institute³, on average, today's costs are 44% higher than the maximum allowable CHC Medicaid rate. The CHC base reimbursement rate was set more than 20 years ago – based on costs in 1999 – and has been limited to marginal increases over time. Additionally, the NYS Medicaid reimbursement methodology includes ceilings on reimbursement rates for operating costs that have stymied necessary growth in CHC rates.

Due to this disparity between costs and actual reimbursement, CHCs struggle to make up the difference given the growing patient demand for services in a competitive environment for healthcare workforce. CHCs struggle to regularly increase staff salaries to account for increases in cost of living and competition from other areas of the health care sector, impacting recruitment and retention efforts. CHCs attempt to offer competitive salaries, but salaries offered by other healthcare entities are nearly impossible to match given the deficits in CHC reimbursement rates. This is also exacerbated by

² [pcmh_evidence_report_2019_0.pdf \(thepcc.org\)](#)

³ <https://www.urban.org/research/publication/critical-role-new-yorks-community-health-centers-advancing-equity-medicaid>



workforce shortages spanning across all healthcare professions and are particularly evident for primary care providers, nurses, behavioral health clinicians, dental professionals, and more. These shortages are further compounded by challenges in attracting students and residents to health careers, especially in fields like primary care, dental hygiene, and behavioral health due to factors like high educational costs and inadequate compensation compared to specialized healthcare professions. Adding to the difficulty is the need to recruit providers and staff with multiple language proficiencies.

Increased investments in primary care are needed to sustain and expand access to SBHC services. Such investments would aid SBHCs in improving recruitment and retention, enabling them to create more attractive benefits packages and offer competitive compensation. Further, the Council should consider expanding and funding existing healthcare workforce programs, offering new loan repayment options, and expanding opportunities in low-income and BIPOC communities. Doing so will contribute to building a strong and robust healthcare workforce in NYC. Lastly, the need for increased funding is growing urgently, especially as more and more asylum seekers seek refuge in NYC. CHCANYS appreciates the NYC Council's enactment of legislation (INT.1668-A) on October 10, 2021, to enroll CHCs into the NYC Care program, and urges the Council to push the administration to implement the legislation. This will enable funding to flow to CHCs to support uncompensated care.

Conclusion

CHCANYS is grateful for the opportunity to provide written testimony addressing the importance of SBHCs and the need to invest in primary care to sustain and expand SBHC services. For questions, please contact Marie Mongeon, Vice President of Policy, at mmongeon@chcanys.org.

April 17, 2024

Community Healthcare Network Testimony

for Committee on Hospitals jointly with the Committee on Education and Committee on Mental Health, Disabilities and Addiction, and Committee on Health

Spoken In-Person at April 17th, 2024 Hearing

Hello and thank you for the opportunity to speak today. My name is Erin Verrier and I am the Manager of Policy and External Affairs for Community Healthcare Network, otherwise known as CHN. CHN is a federally qualified health center with 14 sites citywide, including two School Based Health Centers, that provide critical primary care services for patients, regardless of their ability to pay.

Our School Based Health Centers, one at the Seward Park High School Campus on the Lower East Side, the other at Community Health Academy of the Heights in Washington Heights, serve over 2,300 students in grades 6 through 12. Beyond what a school nurse can do, our SBHCs provide a full range of primary care services, from physicals, to vaccinations, nutrition services, sexual and reproductive health services, and more, including, what I'd like to emphasize today, our mental health services.

In addition to a shared psychiatrist across both sites, each of our SBHCs have a full-time mental health counselor 5 days per week. For Washington Heights alone, the counselor's schedule is packed, seeing up to 7 students per day, in addition to meeting weekly with school social workers, and interfacing with teachers and administrators in the process, all of whom are grateful their students can access mental health support without needing to leave the building.

We seamlessly integrate students' physical and mental health – that's what we call primary care at CHN - and we want to ensure our services as an SBHC continue. The work we do aligns with the City's Mental Health Roadmap and its focus on youth, and we request the City support the impactful role we play for youth mental health screening and treatment, all of which take place within a safe, trusted, familiar school community.

Thank you.

Dr. David Appel

Former Director - Montefiore School Health Program

- **Submitted Testimony – New York City Council’s Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction Education Committee**
- **Joint Oversight Hearing: School-Based Health Centers and School Based Mental Health Clinics**
- **April 17, 2024**

Good afternoon, my name is Dr. David Appel; I was a primary care pediatrician, now Professor Emeritus of Pediatrics at the Children's Hospital at Montefiore and former Director of the Montefiore School Health Program.

I would like to thank the Committee Chairs and the members of New York City Council's various committees for the opportunity to submit testimony on School-Based Health Centers (SBHCs).

My career as a pediatrician focused on providing care to children living in underserved areas of NYC. The seed for my passion in SBHCs originated at our kitchen table when I was growing up. My mother was a dedicated school nurse and regularly talked about her challenges caring for a group of children that came down to her office many many times with a vague stomachache or headache that she knew was due to strife at home or with other children. "If only I had a social worker to team up with" she lamented. "I would have been able to better address underlying issues that were not of a physical nature." She was also frustrated that as an RN she was not licensed to look in the ears of children with earaches and do throat cultures for complaints of a sore throat. The children she was most concerned about in our small town came from poor families that could ill afford up-front costs of a private doctor's visit, the only option at that time.

I never forgot that lesson. And have had a rewarding career in NYC practicing in what I found to be a very powerful model, full service SBHCs that integrate medical and mental health care in a location convenient to children, specifically reaching children not getting care anywhere else.

There is data to prove that. In 2012 The NYS DOH did an analysis of well child care visits (WCC) for children with Medicaid. A 20% increase in the proportion of children with a WCC visit was seen for those enrolled in both a SBHC and community primary care practice compared to those enrolled only in a community site. And only 7% had a WCC visit in the past year in both settings. That data demonstrates that the children seen in SBHCs, even with Medicaid, were a different group than those seen in community settings. Children without insurance and newly migrated children add to the group of children that would be without basic care without SBHCs.

And school based health centers are very effective. We did an evaluation of elementary school children with asthma and published our results which found a 50% reduction in hospitalization, 50% reduction in ER use and 3 day reduction in absences for asthmatic children enrolled in the program. High school SBHCs have a proven track record of effective reproductive health care; HIV C/T, diagnosis and treatment of STIs and unintended pregnancy prevention. Rates of effective contraception among SBHC patients over the course of three school was **3.8 times higher** than for patients that did not have access to a SBHC. This led to an estimate of **3500 averted pregnancies** among SBHC patients over 3 years, which we estimated **to have saved of over \$20M of public costs.***

SBHCs provide essential basic primary medical, mental health and often oral health care to the neediest children in some of the poorest neighborhoods in NYC. All insured and uninsured children receive services at the SBHCs at no cost to the family. NYC's SBHCs have the added

challenge of fulfilling the NYC mandate for providing school nurse level services to all students in their building. And do so without compensation for that work.

In my opinion without baseline funding the financial viability of NYC’s SBHCs are in jeopardy. The after effects of COVID, increased staffing costs and staff shortages, decreased school enrollment, and newly migrated children with significant unmet needs all contribute to placing SBHCs in financial jeopardy. I believe many will be forced to cut back the range of services and a significant number of SBHCs around the city will close. Ironically that will result in an increase in spending for school nursing and will contribute to increased long term healthcare costs, higher teen pregnancy rates and lower graduation rates, raise levels of untreated mental health issues, and drive up ER use and hospitalizations for asthma.

I am here today to urge the City Council to use tax levy dollars to support SBHCs at the level of \$100,000 per campus and \$100 per student. Through NYS DOH Article 6 there is a 20% match to NYC funding for SBHCs so the cost is less than that for a School Nurse. **SBHCs are a very efficient way to spend city tax levy dollars.**

Comparison of Services Example – High School with 2,500 students

	OSH SCHOOL HEALTH MODEL	SCHOOL BASED HEALTH CENTER MODEL
Model	NYCDOH School Nurse Service	NYC Full Service SBHC
Main Provider	2 RNs (Nurse)	Nurse Practitioner
Other providers	3 hours of MD session a month	Fulltime, onsite - Family Medicine MD, Social Worker, LPN, Psychologist, Patient Care Technician, Receptionists
Services	<ul style="list-style-type: none"> ✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers <p>While these are valuable services, for a modest additional investment students in our schools can have access to the services in the next column.</p>	<ul style="list-style-type: none"> ✓ First Aid ✓ Addressing 504 needs ✓ Diabetic monitoring if any ✓ Sports Physicals, Working Papers ✓ Primary Care, including management of Chronic illnesses ✓ Laboratory tests ✓ Reproductive Health Care ✓ All available methods of contraception including IUD insertion on site, Depo, Ring, etc. ✓ STI/HIV counseling education and testing and treatment for STI referrals to treatment for HIV + kids ✓ HPV vaccine for boys and girls, plus all other immunizations ✓ Mental Health Services provided by LMSW and psychologist
Cost to the city	\$300,000 (does not include the salary of NYC DOHMH MD support)	\$100,000 + \$100/student = \$350,000 20% is NYS Article 6 match

* Perspectives: “Provision of Contraception in New York City School-Based Health Centers: Impact on Teen Pregnancy and Avoided Costs, 2008-2017”



Testimony for the April 17th New York City Council’s Hearing on School-Based Health Centers on behalf of the School Health Program—Family Health Centers at NYU Langone

Good afternoon, Chair Narcisse, Chair Lee, Chair Schulman, Chair Joseph, and members of the Committee on Hospitals, Committee on Mental Health, Disabilities and Addiction, Committee on Health, and the Committee on Education. Thank you for holding this important hearing on School-Based Health Centers and School-Based Mental Health Clinics.

At the Family Health Centers at NYU Langone, we firmly believe that quality healthcare must be accessible to be effective. That's why School Health Program—Family Health Centers at NYU Langone operates a network of School-Based Health Centers (SBHCs) dedicated to providing top-notch medical and behavioral health care directly to children and adolescents through clinics located in public elementary, middle, and high schools throughout New York City.

Our School Health Program offer a comprehensive range of medical, behavioral health, dental, and vision services to students regardless of ability to pay and regardless of immigration status. With services in 55 schools, and 3 more opening this summer, the School Health Program—Family Health Centers at NYU Langone ensures that children receive the care they need conveniently, right in their own school environments. By providing preventive care to keep kids healthy, and prompt medical attention when illness strikes, we aim to minimize school absences and parental workdays lost. In fiscal year 2023, the School Health Program—Family Health Centers at NYU Langone saw approximately 15,600 unique students, and completed 82,600 clinical visits, across all service lines.

It's important to note that the Family Health Centers are not alone in this mission. Within our School Health Program, 21 of our sites are represented by the New York City Chapter of the New York School Based Health Alliance. As a member the New York School Based Health Alliance, we are among 17 sponsor organizations which represent 140, or 56%, of all school-based health centers in New York State addressing the health needs of more than 153,000 students, including vaccinations, emergency interventions like overdose response, asthma management, reproductive health services, and mental health support. Sponsor organizations within the New York City Chapter of the New York School Based Health Alliance serve students across New York City’s five borough, including more than 22,516 children in temporary housing and approximately 5,000 children of newly migrated families.

New York City School-Based Health Centers stand ready to step in when necessary, ensuring that every child receives the care they require, regardless of their access to a primary care

provider. We are committed to breaking down barriers to healthcare access and ensuring that every child has the opportunity to thrive.

Research demonstrates that SBHCs have a positive impact on health equity, school attendance, and reducing healthcare costs. Their presence alone increases students' willingness to seek medical services, especially for students reporting depression and past suicide attempts, and those seeking information on pregnancy prevention. When comprehensive reproductive health services are available in SBHCs, teenagers use them, resulting in substantially fewer pregnancies, abortions and births, and lower costs to public health systems.

Despite the documented success of School-Based Health Center programs, current funding challenges threaten program sustainability, particularly exacerbated by the impact of the COVID-19 pandemic. Since 2017, 34 SBHCs have closed or reduced services in New York City. To prevent further service reductions and closures of SBHCs, on behalf of the Family Health Centers at NYU Langone and the New York City Chapter of the School Health Alliance, we are requesting that the city sustains funding for all New York City School-Based Health Centers. We propose a baseline funding model of \$100,000 per school campus, plus \$100 per student enrolled in the school.



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**Testimony of Christina Karahisarlidis
Mid-Atlantic Program Manager, Generation Citizen**

April 17th, 2024

New York City Council

Thank you for this opportunity to submit testimony on behalf of Generation Citizen (“GC”) at the New York City Council Committee on Health, jointly with the Committee on Mental Health, Disabilities and Addiction, Committee on Hospitals and the Committee on Education. I’m Christina Karahisarlidis, a Program Manager at Generation Citizen. Via our “Action Civics” curriculum, secondary school students apply social studies learning to the real world by studying and advocating on an issue of importance in their communities. Before joining Generation Citizen, I was a teacher in the New York City DOE for seven years and it’s an honor to be here today alongside dedicated educators, hardworking changemakers, and inspiring students.

First and foremost, thank you to all the Chairs of the various Committees here today for holding space for us today. Thank you Chair Joseph and the City Council Education Committee for your advocacy and commitment to maintain New York City’s education budget. Maintaining the current level of education funding is critical to preserving critical services to our pre-kindergarten to 12th grade students, as we continue to battle continuing COVID-era learning loss and seek to ensure our children’s educational needs are best met.

Generation Citizen is thankful for the Council’s \$500,000 investment this year in our programming and youth civics education through the *Civics Education in New York City Schools Initiative*. The City Council has generously funded this initiative for Generation Citizen since 2017, originally meant to support our programming in 125 classrooms. Since then, our footprint in New York City has more than doubled. In this 2023-24 school year, we are serving over 250 New York City classrooms. To ensure that we can continue and maintain our growth, Generation Citizen seeks an increase of \$100,000 for a grant of \$600,000 in FY25 to support this significant and continued expansion of programming across the City.

Today, we are thrilled to present the work of our partners, High School for Health Professions and Human Services. Social Studies teacher, Stephen Baumgarten, and 9th graders, Josslyn Cancela, Fatumata Barry, and Samantha Jimenez, will share issues and concerns that emerged from their implementation of Generation Citizen’s Action Civics curriculum this year. In particular, they will highlight findings regarding the importance of and need to expand School-Based Health Centers and School-Based Mental Health Clinics.

In my previous role as a high school English teacher in Title I schools in the New York City DOE, I saw firsthand what limited access to School-Based Mental Health Clinics and Health Centers can do for our young people. My students’ emotional needs were not always met

because they were not always able to secure a meeting with their guidance counselor, who had many students on their caseload. Oftentimes, students rely on their classroom teachers for emotional support, but classroom teachers are not trained to handle all situations and are responsible for elevating emotional issues as they arise. We need to create more opportunities for our young people to get the care they need when they are at school (where they spend most of their time), make sure they know what resources are available to them, and make sure there are enough well-trained staff and resources to take care of our students.

Since working at Generation Citizen, it has been a privilege seeing our young people advocate for themselves and each other through their Action Civics projects, on issues such as this. Across the City, Generation Citizen students have advocated on a range of issues, including school-based campaigns like ensuring equitable allocation of space in co-located schools and other co-location issues, as well as advocating for healthy school lunch options. Others focused on community concerns like increasing protections for low wage workers, the lack of affordable housing in New York City, the need to curb litter on our streets, controlling crime in our subways, and addressing racism and discrimination against Asian Americans.

Generation Citizen is a 13 year-old national, nonpartisan nonprofit dedicated to demystifying democracy for youth by bringing civics education into the classroom through Action Civics. Action Civics is a “student-centered, project-based approach to civics education that develops the individual skills, knowledge, and dispositions necessary for 21st century democratic practice” ([National Action Civics Collaborative](#)). It differs from normative, knowledge-based civic education in the same way that taking any “hands-on,” project-based, or experiential course differs from reading a textbook. Students learn about democratic structures and processes by directly engaging with them, as well as with each other, to address one or more issues they care about, which are impacting their community.

Generation Citizen is incredibly thankful for the City Council’s renewed funding despite myriad challenges and budgetary concerns in the last few years. Generation Citizen hopes to continue partnering with the Council and the Department of Youth and Community Development to continue bringing high quality civics education to our City schools. Thank you for considering this testimony. I can be reached at ckarahisarlidis@generationcitizen.org with any questions or comments.

High School for Health Professions and Human Services

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High School For Health Professions
& Human Services

Testimonies of 9th Grade Students and Educators at High School for Health Professions & Human Services

April 17th, 2024

New York City Council Committee on Health, jointly with the Committee on Mental Health, Disabilities and Addiction, Committee on Hospitals and the Committee on Education

Testimony of Stephen Baumgarten, Social Studies Teacher

Good afternoon. Thank you for the opportunity to testify at today's hearing. My name is Stephen Baumgarten and I am a social studies teacher at the High School for Health Professions located in Manhattan. This is my first year at the High School for Health Professions, but I spent the previous five years working at IS 238, a middle school in District 29 in Queens. Additionally, for the past decade, I've worked as a paramedic in both New York City and throughout the state, giving me a unique understanding of how mental health affects students both inside and outside of our schools. Throughout my career, I have noticed the impact that a lack of mental health services in our schools has negatively impacted our students.

As teachers, we serve to educate our students and help them grow to be well rounded individuals that can become the changemakers of tomorrow. However, while we want what's best for our students and seek to support our students, teachers are not mental health clinicians. Similarly, while guidance counselors are present in schools, their role is often heavily skewed toward helping guide students academically. Not all students will need mental health support, but all students will need academic support. Therefore, the few guidance counselors in our schools are not well enough equipped to handle the variety of mental health concerns of our students. Our schools are in desperate need of additional mental health services to support ALL of our students.

Unfortunately, without mental health services in schools, students in crisis, inside and outside of our school buildings, fall victim to a system that does not give them the health care they need to deal with mental health issues. Left without trained mental health clinicians in our schools to address our students in crisis, students are left at the whims of our pre-hospital 911 system that often ends in an emergency room visit, rather than providing them the healthcare services they truly need. Further, the best way to prevent these crises is through preventative mental healthcare in our schools; preventive healthcare is the best healthcare. Mental Health Care clinics will do just that for our students.

This year, my students and I have been working with Generation Citizen on an Action Civics Project. For this project, my class discussed issues that impact us within our community, and built consensus around one topic to address collectively. This project has been one of the most

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rewarding parts of my tenure teaching, as my students are not afraid to stand up and fight for the issues they think are important. My students decided to focus on mental health.

My students chose this goal because it's an issue that affects them all. They know that when they use their voices collectively, they can use their collective power to make change in our communities. Our students are committed to the issue of mental health and ensuring there are more mental health school based clinics in our schools.

We need more of these clinics because we need to support our students. We know that by providing healthcare in schools, our students are healthier. And when our students are healthier, we know they learn better. We need to listen to our students because they know what they need for themselves when it comes to their mental health.

Thank you all for your time.

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& Human Services

Testimony of Josslyn Cancela, 9th Grade Student

Thank you for the opportunity to testify at today's hearing. My name is Josslyn Cancela Lopez and I am currently a 10th grade student at HPHS, also known as High school for Health Profession and Human Services. I have participated in an "Action Civics" project through Generation Citizen this school year.

I am testifying today because Mental health is important to me as well as my classmates. We believe that there should be more school- based health centers and school based mental health clinics. Coming from a person that has been sent to several mental health clinics throughout the years, I am thankful for every single one. I strongly believe that everyone should have the opportunity to have a healthy treatment to recover from mental health issues they are suffering from. Furthermore, having support in schools can really impact a student's life. It can help them get better academically and emotionally. Sometimes students won't show up for school due to mental health issues so having this type of support in schools can help them attend more classes and motivate them to do better as a person; while also helping improve their attendance and commitment issues they may have.

With this in mind Knowing how to handle social-emotions is a life skill everyone should carry with them. Students in particular can benefit a lot from knowing how to handle social emotions. Some benefits could be a sense of safety and security while also having positive interactions with teachers and their peers. From my experience with trying to cope with social-emotions it has been a challenging obstacle throughout my life, but knowing how to handle it set me up for success in ways I couldn't imagine. For example, I have better stress tolerance; when school gets overwhelming, I am able to handle the stress in healthier ways. In addition, knowing how to handle social emotions keeps a stable balance in my mood and helps manage impulsive behaviors, as well as keeping and navigating healthy relationships with others.

Thank you for the opportunity to submit this testimony about an issue that is important to me and my classmates. I hope hearing this testimony made you all more aware of issues regarding mental health.

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Testimony of Fatumata Barry, 9th Grade Student

Good afternoon. Thank you for the opportunity to testify at today's hearing. My name is Fatumata Barry. I am currently in the 9th grade at High School for Health Professions and Human Services where I have been participating in a semester-long Action Civics project through Generation Citizen.

For this project, my class discussed issues that impact us within our community and built consensus around one topic to address collectively. After much debate, we decided to focus on the role that mental health and drug abuse play with homelessness and to set a goal to enlighten the people who do not consider this problem and how it is affecting the new generation. We think mental health services are important to our goal because it's something that affects kids all over the world and it has not been getting better but worse because of the new substances such as street drugs, prescribed drugs that have been mixed with other drugs, that has been made and that is getting in the hands of kids who might be struggling with mental health.

I am testifying today because all over the world mental health strikes middle and high schoolers. Since middle school, I have seen how my classmates can go from being okay then going through something that is hard and start to develop mental health issues. This may then lead to being introduced to legal or illegal substances that leads them to stop doing work, change their ways, do things they never did. Then even after that, the trauma they went through isn't gone and they have already been into the substance they are taking, which ends up impacting them the hard way. It can include not going to school, hanging around with people who also are addicted to the substance, cutting ties with their family and then becoming one of the homeless living on the trains or streets. It can be something as small as a family death and not knowing the right way to take care of the grief that can turn into another homeless high schooler on the street.

My input on this is that the drugs, the substances and alcohol that are being made that are being legal should not be in the hands of kids whose brains have not been developed. It should not be in the hands of grieving kids. The companies should look deeper first to whom they are giving these substances to sell because the problem is not the kids but how easy it is to access it as a kid. The rules and regulations are not being upheld by the sellers, which leads to so many kids losing their original personality or perspective.

As I wrap up my testimony, I would like to end by saying that there needs to be more services in schools, such as drug experts, or people who are very familiar with the problem to come talk with students. They could let us students know what these drugs and substances are, explain to us what these drugs contain, and show students who have mental health problems and are considering drugs that there are better ways to cope.

Thank you for the opportunity to submit this testimony about an issue that is important to me and my classmates and you too.

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Testimony of Samantha Jimenez, 9th Grade Student

Hello and thank you for allowing me to have this opportunity to testify at today's hearing. My name is Samantha Jimenez and I'm currently a freshman at the High School for Health Professions and Human Services; where I have been participating in a semester-long Action Civics project through Generation Citizen.

Throughout this project, my class and I discussed issues that have impacted our lives and the communities we live in. Eventually, we built a consensus around a topic we can all address collectively, which was mental health and the services provided. The goal we came up with was to improve how accessible and impactful they are to students, like myself.

I am testifying today because I myself have struggled with my own mental health in the past. When my mental health was at a low point, I never thought it would make an impact on my everyday life which is why I never really considered reaching out for help. Despite that, my school never really promoted mental health support. Guidance counselors were often viewed as academic pinpoints; to check how you're doing in your classes and how you're maintaining your grades but never really as a person to talk to.

At one point, I saw my grades begin to drop and I stopped doing the things I enjoyed the most, my mind was filled with negative thoughts, not knowing how to cope. I decided help was necessary. My first talk with my counselor, I was given the same advice I've heard for the longest time, "Don't let it get to you, people love you, they care about you, you'll get over it". It made me feel like my feelings weren't valid, the activities they made me do made me feel like I was a toddler throwing a tantrum. Coloring books, affirmations, fidget toys and journaling was all I was given. The activities they would give me never seemed to really help, I struggled all throughout middle school. However, I am happy to say that my mental health has gotten better but I felt like the support I got from the school never really made an impact.

Our project relates to this committee since the decisions you're making today will not only impact students' mental health but also their day to day lives. There are tons of other students who have also struggled with their mental health, letting it affect their education and in some cases, leading to bad habits and addictions. Mental Health is something everyone deals with; what matters is getting the necessary support you need. Through Generation Citizen, my class and I believe it's best that more awareness is raised about mental health support throughout NYC schools and more impactful activities are done with students who've reached out for help. The New York City Council needs to hear about this issue since the ignorance of mental health can lead to future drug abuse, crimes and violence. You're not only helping the people of today with your decision, but the leaders of tomorrow.

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Testimony of Dylan Cajamarca, 9th Grade Student

Thank you for the opportunity to submit this testimony about an issue that is important to me and my classmates. My name is Dylan Cajamarca and I am in ninth grade at High School for Health Professions and Human Services. In my history class, my classmates and I have discussed many different issues and with the help of Generation Citizen, we have come up with a problem of mental health in teenagers to address. Mental health is an issue that anyone can go through and experience at least once in their lifetime, and it can have a massive impact on one's everyday life. There are many different experiences one may go through while struggling with problems of mental health so it is best we have mental health services around our school that if we ever are struggling and do not know who to tell anyone having mental health services helps us talk to people and find a way to fight through these struggles while living your everyday life.

In our school, there are many people that we can go and get help from, including our guidance counselors, social workers, teachers and more, With that I feel like I am able to see a guidance counselor and or social worker very frequently and are around me when I am able to reach out to them and many staff and workers are always here to help you even outside of school you can ask for help and once available the staff will be there to help anyone in need with a question or to talk about certain topics, but this may not be the case in all of New York as there are many school with not enough resources in there school or they may not be that great of a budget.

When covid-19 hit in 2020, I was in fifth grade which meant that I did not really know much about quarantine and social distancing. I was mostly in my house for most of sixth grade and never really went out in the time of covid and now that I am in ninth grade I have changed a lot, I am different from my family and learning how to handle my emotions while focusing on my classes and I know that my school will be there to support me when I ask questions. When I'm confused on certain topics and need support with my mental health, Health Professions makes it a top priority if I ever struggle or need help. I have been a person who has struggled to ask questions and may feel embarrassed to even ask due to my time in sixth grade when I was alone and had to learn through a computer which is why the school has helped me find new people that can make me confident to ask a question.

Overall I feel like there should be more mental health services for every school in New York to help students battle through their mental health struggles and have someone to reach out to and without people to talk to. Students may struggle in classes and their everyday life and give more reasoning on how we need more mental health services around the city for every student to have a voice and not feel afraid while continuing through their high school journey.

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Testimony of Angely Loracapellan, 9th Grade Student

Thank you for this opportunity to testify at today's hearing. My name is Angely Loracapellan and I am currently in 9th grade at Health Professions & Human Services, where I participated in a semester-long Action civics project through Generation Citizen.

I am testifying today because students' mental health is a very important issue that doesn't get talked about much, I think that needs to change. The reason I am supporting this issue is because I have experienced issues myself. I have either felt stress or have anxiety over school, not just because of the work but because of the people and surroundings. Moreover, there has been research that the main reason students' mental health could get affected is because of the homework overload, exams, and how competitive school could be. Most of the time those problems cause the most known symptoms, which are anxiety, stress, moodiness, saying hurtful things and the feeling of wanting to give up. Most of these symptoms I have experienced because when I studied for tests and did badly I tend to say hurtful things about myself, and question my intellect and abilities. As a result, you can cause personal sabotage and suffer from the imposter syndrome which isn't good. I believe that something that needs to be understood is that school stress could affect you in a lot of different ways. It can cause depression or sadness.

Furthermore, if you are already disappointed in yourself and question your ability of knowledge, when your parents see that you aren't doing good, they often get upset and just assume you didn't try and are lazy, without asking you if you did try or how you feel. And if someone is already expressing anxiety and saying hurtful things about themselves because of school, hearing hurtful words come from their parents mouth isn't ok. Additionally, a lot of the time not only are the parents saying hurtful things but taking away things the kids enjoy such as not letting them go outside after school or being on technology, which a lot of the time it's the kids only escape. And yes I think it's important to set boundaries for kids and make them practice for school, but taking away those certain things from them isn't always good or helpful, because a lot of the time that is the kids only escape. And when kids feel that people are talking away the most important things from them they tend to stop caring, and just give up. Which leads on to the question of how my project relates to this community issue. This relates to the community because a lot of kids all over school experience this which is exactly why this issue needs more awareness. Because it happens so much and all the time but doesn't even get talked about.

Lastly, the reason I think it's important that the New York City Council hears about this topic is because it happens so often. I think it's important for them to know that students do try and do care about school. It's just that when you get stressed over school and get overwhelmed a lot of kids don't even know where to start that they don't. I agree it is not ok for them to just give up and not try, which is exactly why I was hoping the city council will be able to talk to schools. Ultimately, we need a place and someone who students connect with, to check in about how they are mentally doing because of it, or a solution is if the kids don't want to talk to the counselor. We need to increase funding for the mental health programs so that we know the program is granted and successful for the students and community.

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Thank you for the opportunity to submit this testimony about an important issue to me, my classmates and communities all over the world.

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Testimony of Rayne Crawford, 9th Grade Student

Thank you for the opportunity to testify at today's hearing. My name is Rayne Crawford and I am currently in the 9th grade at the High School for Health Professions and Human Services where I participated in a semester-long Action Civics project through Generation Citizen.

For this project, my class discussed issues that impact us within our community, and built consensus around one topic to address collectively. After much debate, we decided to focus on mental health issues when it comes to students and set a goal to connect school adults to student's mental health and how as a community mental health must be thought of by everyone. I am testifying today because of the disappearance of given motivation in schools. When it comes to being in school, motivation is extremely important to keep students at their grade level/higher than. Especially from elders they need that energy from. A lot of teachers I encounter make lesson plans that a video or book is the one truly teaching. Being in classrooms all day lowers my motivation seeing there is no one to teach me. The feeling of giving up, being extremely bored is always above my head, making it irritable to do work.

Our project directly impacts mental health because as students skipping more, grades are dropping, we have to think about why kids are no longer interested. When there is lack of motivation, there is a lack of dopamine going to kids' heads about what they need to learn. The love once shown to teaching kids is now gone.

Thank you for the opportunity to submit this testimony about an issue that is important to me and my classmates.

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Testimony of John Reyes, 9th Grade Student

Hello. My name is John Reyes and I am currently in 9th grade at The High Schools for Health Professions and Human Services where I have been participating in a semester-long action civics project through Generation Citizen.

For this project, my class discussed issues that impacted us within our community, we built consensus around one topic to address collectively. After much debate, we decided to focus on Mental Health and set a goal to help all students with their emotional, physical, and social well being. We think health services are important to our goal because it can help all students to manage stress, relate to others, and make healthy choices.

There are many ways to improve mental health such as daily exercise, eating regular meals, always staying hydrated, and making sleep a priority. You can also try a relaxing activity, set goals and priorities, practice gratitude, focus on positivity, and always stay connected. I feel that people's attitudes toward mental health issues need to be changed because it can prevent mental health issues like depression, which many students have. Depression is a constant feeling of sadness and loss of interest, which stops you doing your normal activities. Different types of depression exist, with symptoms ranging from relatively minor to severe. Generally, depression does not result from a single event, but from a difference of events and factors. And that the depression comes with headaches, fatigue and bad digestive problems or anxiety can create or upset sour stomach. Here are some good tips that can prevent your mental health and always stay positive and you're not alone because there will always be a friend to cherish for you. Thats all, thank you.

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Testimony of Ania Howard, 9th Grade Student

Thank you for the opportunity to testify at today's hearing. My name is Ania Howard and I am currently in 9th grade. During this school year I participated in a semester-long action civics project through Generation Citizen earlier this year. For this project, my class discussed issues that impact us within our community at HPHS. After discussing, we were able to find that homelessness and drug abuse were the most crucial. We set a goal to help improve the lives of homeless people and drug addicts in our community because this issue is constantly overlooked.

Growing up in New York, I have to constantly look over my shoulder in fear that I will be the next victim. No child should have to go through this. As I walk home from a long day of school I am constantly reminded of that fear seeing my favorite childhood hang out spots turn into a smoke shop. If you look too deep in my profile, you'll see that I am a product of why children don't go to staff if they're struggling with mental health. I've been struggling with mental health year after year and when I told a little too much my family was broken in half.

Through this project I was able to conclude that we must get to the root of the problem if we want to make a difference, that is getting more facilities for the homeless and drug addicts and more programs for kids struggling with mental health outside of the school environment.

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Testimony of Malak Zuluaga, 9th Grade Student

Hello and thank you for the opportunity to testify at today's hearing. My name is Malak Zuluaga and I am currently in 9th grade at High School for Health Professions and Human Services where I have been participating in a semester-long action civics project through Generation Citizen.

Throughout this project, my class discussed issues that impact us within our community and built consensus around one topic to address collectively. After much debate we decided to focus on *what was mental health and the services provided*. Our goal was to come up with different ways we can help those people who are in severe need of help and struggling with mental health.

I am testifying today because I myself have struggled with mental health in the past. For me that is no longer an issue and I have overcome and grown past that. I never thought this type of issue would affect me but there were days where it was hard to even find motivation to get up. Despite that, schools never really promote mental health and try to find students to help. While schools do offer guidance counselors most of them only focus on academics and how you are doing overall in school. Never really the help someone struggling actually needs. As much as they do offer help to maintain your good grades, that is not enough help for someone who is really struggling.

There was a point in my life where I started to lose motivation and watched my grades drop slowly. At that point I noticed that I really did need help and that I should speak to someone. My first option was the guidance counselor which was really no help because they mostly just tell you, "Just push past it eventually it gets better" or "Surround yourself with people who love you." It really did not help because I knew I was not getting what I needed. It just gave off the impression that my feelings were not valid and that I'm just feeling a certain way for no reason. Most of the time they try to fix the issue with sensory toys, words of affirmation etc. Those activities really never seemed to help. But I am very proud and happy to say I have fully overcome this issue and come to a point where I am happy with life and doing what I like. Even though school really did not help the matter.

Our project relates to this committee because the choice you make today will impact millions of students' lives. There are millions of students struggling with mental health or have struggled with it in the past and can't seem to overcome it. At times what you really need is good enough support. Through Generation Citizen, my class and I believe that it is best that more awareness and more help is provided throughout all NYC schools to students. The NYC Council needs to hear about this issue because the ignorance of this issue can cause students to do self harm, drug abuse, crimes and violence in the near future. Not only are you going to help us now, but you will be helping everyone in the future.

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Testimony of Areila Basile, 9th Grade Student

Thank you for the opportunity to testify at today's hearing. My name is Areila Basile and I am currently in the 9th grade at High School for Health Professions and Human Services. For our Action Civics project with Generation Citizen, my class discussed issues that impact us within our community and built consensus around one topic to address. After much debate, we decided to focus on mental health for students and set a goal to create awareness for kids in school who feel like they are not being listened to. Mental health services are very important to our goal because young students like me need access to mental health help.

I am testifying today because I believe that mental health affects a lot of young adults or teens turning into adults. At this point, they are just trying to figure out life and sometimes they have no help. I also know how it feels to feel like no one is there to help you. I struggled for a long time trying to manage my feelings without taking it out on someone, but it was hard. My random outbursts went on for a year until something was actually done. I ended up going to therapy for two years and had a much better view on everything. Because I know how it feels to not get support. I know that many students turn to other things to help them cope with their mental problems. It affects their daily life and in the long run, it ends up affecting their health. Professional help should be easy access in schools and not just counselors. Counselors can only do so much just like teachers. Though they try to help, professional help is sometimes necessary.

This project helps a lot of young people that are struggling to cope with their feelings. If you take this project into consideration, you will see how students will benefit.

Thank you.

April 17, 2024

Testimony in Support of Int 0341-2024: Requiring Reporting of Sickle Cell Disease and Trait in NYC Schools

A Local Law to amend the administrative code of the city of New York, in relation to requiring the New York city department of education to report the number of students reported to the office of school health as having a diagnosis of sickle cell disease or trait.

Good day to the chairs of the Committee on Education Chair Rita C. Joseph, Hospitals Committee Chair Mercedes Narcisse, Liz Schulman, Health Committee Chair, and Linda Lee, Committee on Mental Health, Disabilities, and Addiction. Also, the Honorable Committee Members, and sponsoring council members members, Selvena N. Brooks-Powers, Kevin C. Riley, Shahana K. Hanif, James F. Gennaro, Farah N. Louis, Crystal Hudson, thank you for convening this hearing.

I am, before you today, an adult living with sickle cell disease who grew up in and was educated in NYC public schools to advocate for the passage of Int 0341-2024. This crucial law amendment will enhance the coordination of healthcare and support services for New York City public school students diagnosed with sickle cell trait and disease.

Sickle Cell is the most prevalent rare disorder in New York and in the United States. While it impacts people of the African Diaspora, it is present in the Mediterranean, Middle East, Southern Europe, Southern China, Southeast Asia, Central and South America. Outside of Africa, India has the second largest population of sickle cell trait (SCT) and disease (SCD). New York City is the Capital of the World. People from every country in the world call NY home.

Historically, NYC had the largest population of people with SCD in the country. We are now second to Florida. Still, we have an estimated 3 million people carrying a sickle cell trait, and upwards of 14,000 living with the disease. Outside of Newborn Screening (NBS) program, no data is collected on the SCT population. Parents are erroneously told that their child carrying a sickle trait is fine and without risk of complications like children born with disease. You may be familiar with stories of members of the military and athletes who collapsed and died while participating in rigorous training. People whose bone marrow produces forty percent (40%) or more sickle hemoglobin are at [risk of dehydration and exertion response](#) during strenuous activity that triggers sickling of their red blood cells. These sickled cells can block blood flow to the brain causing a stroke, impact the spleen

causing [splenic sequestration](#), or [chronic kidney](#) disease. [Renal medullary carcinoma](#) is a rare cancer associated with sickle cell trait. All life-threatening complications.

On Feb. 26, 2001, [Devaughn Darling](#), a Florida State University football player died during practice. Former NFL player [Ryan Clark](#) was taken off of the field mid-game and rushed to a Denver Colorado hospital, where he was diagnosed with an impacted spleen and inflamed gall bladder. Clark was rushed to surgery.

I share these stories with you to drive home the point that the well-being of students in the New York City public school system can be improved by identifying students with sickle cell trait, who often do not know their status or the risk of complications. In addition to providing multiple sessions of genetic counseling (elementary through high school) to understand what carrying a sickle cell trait means, students can also be educated on how to take care of themselves. Students with symptomatic traits need to be referred to qualified hematologists specializing in the care of sickle cell disease. Parents and caregivers also need to be educated.

This proposed legislation mandates the New York City Department of Education to report the number of students diagnosed with sickle cell disease (SCD) and trait (SCT) to the Office of School Health. As a representative of the Sickle Cell/Thalassemia Patients Networks, Inc. (SCTPN), I can attest to the urgent need for this initiative and its potential benefits to our community.

SCTPN has been at the forefront of advocating and providing support in public education regarding children and teens living with sickle cell trait, disease, other rare diseases, and chronic disorders. We have done this work tirelessly for 36 years as an incorporated nonprofit, and for more than 40 as a support group advocating for greater awareness and support for affected individuals.

Our organization recognizes the importance of early detection and management of SCT and SCD, particularly among school-aged children. By partnering with the NYC Council, Education, Hospitals, and Health Committees, we aim to further our mission and ensure the well-being of students with these conditions.

Here are six key points outlining how Int 0341-2024 would benefit the sickle cell community:

1. Early Identification and Intervention: Mandatory reporting of SCD and SCT cases in NYC schools would facilitate early identification of affected students, allowing for timely intervention in the way of genetic counseling to help student with trait have a sound understanding of what it means to be a carrier, and to provide support services for youth with trait who are symptomatic.

2. **Improved Health Outcomes:** Access to accurate data on the prevalence of SCT and SCD among students would enable targeted health initiatives and interventions, ultimately improving health outcomes for affected individuals.
3. **Educational Support:** With better awareness and understanding of SCT and SCD within the education system, schools can provide appropriate accommodations and support services to ensure the academic success of affected students.
4. **Community Engagement:** Int 0341-2024 fosters collaboration between the education and health sectors, and community-based organizations (CBO) encouraging community engagement and support for students with SCT/SCD and other rare disorders.
5. **Data Collection for Research:** The reported (deidentified) data can serve as a valuable resource for researchers studying sickle cell trait and disease, contributing to the advancement of knowledge and the development of novel therapeutic options for this rare disorder.
6. **Reduced Stigma and Discrimination:** By raising awareness and promoting acceptance of SCT and SCD within the school environment, Int 0341-2024 helps reduce stigma and discrimination often faced by people living with these conditions.

We urge the joint council committees to take action to pass Int 0341-2024 and prioritize its implementation for the health and well-being of students with sickle cell disease and trait. To further this initiative, we propose the following Calls-to-Action:

- **Collaborate with SCD Community-Based Organizations (CBO) to facilitate Outreach and Education:** Participate in grassroots public forums and educational workshops to raise awareness about sickle cell disease and trait among educators, students, parents, their extended family, and community.
- **Collaborative Policy Development:** Establish a task force comprising representatives from the education, health, and sickle cell advocacy sectors to develop comprehensive policies and guidelines for supporting students with SCD and SCT in NYC schools.
- **Resource Allocation and Support Services:** Advocate for increased funding and resources to ensure that schools have the necessary support services and accommodations in place to meet the needs of students with SCT and SCD.

By taking proactive steps to address the needs of students with sickle cell disease and traits, we can create a more inclusive and supportive educational environment for all students with disabilities.

Thank you, to the Council Joint Committees for your attention to this critical issue, and I personally urge you to support the passage of Int 0341-2024.

Sincerely,

Ginger Davis

President

Sickle Cell/Thalassemia Patients Networks, Inc.

1139 St. Johns Place

Brooklyn, NY 11213

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Hospitals, Health, Education and Mental Health, Disabilities & Addiction Committees

TOPIC: School-Based Health Centers and School-Based Mental Health Clinics

Wednesday, April 17, 2024

Written Testimony by

Ronald E. Richter, Chief Executive Officer

JCCA

Chair Narcisse, Chair Schulman, Chair Joseph, Chair Lee and members of the Committees on Hospitals, Health, Education and Mental Health, Disabilities and Addictions:

Thank you for calling this hearing and inviting me to provide testimony on behalf of the children, young people and families we serve in the health and behavioral systems and beyond. My testimony is reflective of our work at JCCA and the experiences I had as New York City's ACS Commissioner and as a family court judge in Queens.

JCCA is a child and family services agency that supports about 17,000 of New York State's children and families each year by providing foster and residential care, educational assistance and remediation, and behavioral health services, including care management. JCCA's services sit at the intersection of child welfare and behavioral health. Across our programs, we are seeing a disturbing trend of young people whose mental health needs are alarmingly severe.

This is particularly pronounced in our Article 31 Mental Health Satellite Clinic based at Liberation Diploma Plus High School in Coney Island.

Liberation High School serves over-age and under-credited students; the model combines academic and social supports. Many students who have not succeeded at their “regular” high schools find a true home at Liberation, and are able to revive their academic careers and graduate. Students come from throughout Brooklyn, and many come from Coney Island, which has been identified as a priority neighborhood that was disproportionately impacted by the pandemic. The vast majority of students at Liberation High School are from families that have experienced poverty, joblessness, and underemployment, as well as physical and mental health crises.

I. Funding for Specialized Training

Similar to Liberation High School, many school-based, mental health clinics are located in communities with high rates of violence and poverty. Students in such settings have frequently experienced significant trauma. Approval of JCCA’s satellite clinic was expedited at Liberation because of a teacher’s recent suicide, the fatal shooting of a student, and other incidents causing collective, community trauma, in addition to the everyday socioeconomic and environmental stressors present in the community.

Effectively supporting students in such environments requires specialized, staff training, including in evidence-based modalities. JCCA clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy; this evidence-based modality is provided to young people up to age 18 and requires caregiver participation. Many of the high school students served by our clinic are older than 18. Many have transient lifestyles—sleeping on couches, occasional stays in shelters—and do not have a reliable, trusted adult in their lives. Our school-based, mental health clinic and others across the city need funding to provide additional care modalities that

can appropriately serve this population. We also struggle to hire qualified staff to support these young people.

II. Increased Reimbursement Rates

Poor reimbursement rates that impact hiring at Mental Health Clinics also affect school-based clinics. Low reimbursement rates result in low wages for clinicians. We are encouraged by the 3.2% COLA for FY25, 26, and 27. However, state reimbursement rates are so low that we continue to advocate for increases in order to adequately meet client and community needs. Our clinical director recently attended a virtual MSW career fair and noted that nine candidates hung up when she shared JCCA's salary range. Higher wages are also needed to retain existing staff. Many of our clinicians are recent graduates who become more valuable in the job market as they accrue experience, and we cannot compete with private practice and hospital wages to retain them.

III. Hurdles with Managed Care Organizations

New York's managed care organizations (MCOs) create bureaucratic hurdles that make it unnecessarily challenging to enroll children and swiftly begin services. Denying claims saves MCOs money. Waits for MCO approvals often create delays of up to two or three months; this creates serious frustration for families and may lead to them giving up -- another advantage for MCOs. Furthermore, each MCO has different standards for credentialing, making it costly to navigate compliance. Standardization of administrative requirements across all MCOs would ease compliance burdens and result in more expeditious service delivery.

Sadly, these problems are becoming worse. Most recently, MCOs began to require the Social Security Numbers of JCCA's Board Members. Understandably, Board Members were cautious in responding to this invasive request, which delayed applications while we explored whether sharing such personal information was a nonnegotiable—it was. This is just one example of

how MCOs continue to increase demands and create barriers to providing care for our high-needs client population.

Conclusion

JCCA and Liberation High School have a long-standing, collaborative relationship. JCCA has been the Community Based Organization providing Learn To Work services within the school for the last seven years. We have extended our reach to include a food pantry, toy drives, and COVID relief services to the school community. Liberation students have come to value and rely on the engagement and therapeutic culture that JCCA engenders. JCCA takes great pride in the clinical services that we offer at Liberation, and I strongly urge you to continue your support of School-Based Mental Health Clinics so that we have adequate funding, workforce, and specialized training to provide New York's highest needs children and young people with the mental health support they deserve.

**Dr. Lauren Jen, Chair Elect, American Academy of Pediatrics, National Section
on Early Career Physicians
Submitted Testimony – New York City Council’s Committees on Hospitals,
Health, Education, and Mental Health, Disabilities, and Addiction Education
Committee
Joint Oversight Hearing: School-Based Health Centers and School Based
Mental Health Clinics
April 17, 2024**

My name is Dr. Lauren Jen, a NYC pediatrician, and Chair-Elect, American Academy of Pediatrics, National Section on Early Career Physicians.

I would like to thank Committee Chairs Narcisse, Schulman, Joseph, and Lee, and the members of New York City Council’s Committee on Hospitals, Health Committee, Committee on Education, and Committee on Mental Health, Disabilities, and Addiction for the opportunity to submit testimony on School-Based Health Centers (SBHCs).

Today I speak on behalf of the American Academy of Pediatrics New York District Chapters 2 and 3, whose 3,500 pediatrician members provide health and mental health care to millions of children and teens living in and around New York City.

The American Academy of Pediatrics believes that school-based health centers (SBHCs) are unique health care settings for our nation’s school-aged children and adolescents. According to the AAP’s national Policy Statement *School-Based Health Centers and Pediatric Practice (October 1, 2021)*, SBHCs represent a collaboration between the health and school communities to support the health and mental health needs and the academic achievements of children and adolescents, particularly students with health disparities or poor access to health care. NY pediatricians appreciate and support SBHCS in New York city schools because they are effective, deliver quality care that is accessible and convenient for children and families, and provide a necessary extension to the pediatric medical home.

As described in the AAP Policy Statement, SBHC’s have demonstrated effectiveness in the following areas: Preventative Healthcare, Mental Health, Reproductive Health, Management of Chronic conditions, School performance and economic benefits.

Preventive Health Care

Studies have shown that SBHCs increase use of preventive health services.

Users of SBHCs were more likely to report

- having a regular health care provider
- be more aware of confidential services

Presence of comprehensive health services via the SBHC led to improved access to health care and improved quality of care.[41](#)

Recalling students for SBHC appointments was effective in improving immunization rates for all vaccines recommended for adolescents.[42](#)

Mental Health

School-based mental health interventions, including the area of substance use services, offer an opportunity to reach the greatest number of affected youth who otherwise may not receive behavioral health care.[49](#)

Studies on School based mental health services show:

- SBHCs play a role in identifying and addressing mental health concerns that might otherwise go unmet, especially among adolescents with public or no insurance.[50](#)
- SBHCs may be important sites to address bullying, violence, and suicide prevention[51](#)–[53](#) and promote mental health and overall wellness.[54](#)
- an increase in mental health services availability via SBHCs was associated with relative reductions in reported depressive episodes and suicidal ideation among adolescent students.[53](#)

Reproductive Health

SBHCs improve access to reproductive health services and remain an important component in unwanted adolescent pregnancy prevention. Studies demonstrate:

- students with access to comprehensive reproductive health services via a SBHC reported greater exposure to reproductive health education and counseling and greater use of hormonal contraception [43](#) .
- sexually active female students received specific reproductive health care and were more likely to have used a hormonal contraceptive method if their school had an SBHC.[44](#)
- SBHCs dispensing hormonal contraception were associated with a lower pregnancy rate than SBHCs referring female students for hormonal contraception to an external provider.[45](#)
- The availability and provision of emergency contraception in an SBHC also improves access to reproductive health services.[43-47](#)

Chronic Conditions Such as Asthma and Obesity

- SBHCs are a setting for innovative asthma quality improvement initiatives, demonstrating a reduction in activity restriction attributable to asthma and a significant reduction in emergency department visits for asthma.[15](#)

- SBHCs are also ideal settings to address obesity and to initiate a weight management intervention because they are on-site and able to address and engage the student community.[55-58](#)

School Performance

Academic benefits include

- improved school performance, grade promotion, and high school completion.[2:59-60](#)
- a reduction in the drop-out rate in a large urban school district, especially by students believed to be at high risk for dropping out of school.,[31](#)
- By reducing barriers to health care, SBHCs reduce school absenteeism and time missed from school.[30-32](#)
- SBHCs help to identify and support any social or emotional sources of stress that interfere with students' academic achievement.[32](#)

Economic Benefit

- In an economic evaluation conducted by the Community Preventive Services Task Force of the US Department of Health and Human Services, the economic benefit of SBHCs exceeded the intervention operating cost.
- SBHCs have been shown to result in a net savings to Medicaid because of a reduction in emergency department use for services provided to youth with asthma.[2](#)

NYC Pediatric offices are still reeling from the effects of the pandemic; not only are our patients more stressed and their lives more chaotic, but we are experiencing shortages of critical staff. We know that missing work and finding transportation to come to our offices for care can be devastating for families with limited resources. We are relieved when we learn the child has a trusted SBHC where they can go to receive care. This is especially important for the 90% of schools with SBHCs serving the most disenfranchised NYC neighborhoods.

Mental Health care is even more challenging, and now comprises about 25% of visits to our offices. But waits for community based mental health appointments for children in NYC exceed 3 months. When I identify and begin to care for a child with a behavioral concern, how fortunate and beneficial for the child and family that I can easily call the child's SBHC and get them into care with a counselor quickly.

Pediatricians can work with SBHCs because:

- SBHCs deliver comprehensive quality care, regulated and trained by NYCDOHMH and NYSDOH
- SBHCs communicate with primary care pediatricians and keep us informed
- SBHCs keep children in school and parents at work

NY AAP Chapters 2 and 3 need SBHCs for the children and families we serve. We ask that the New York City Council continue to fund these critical and safety net adjuncts to the care we provide, and we propose that the City Council consider an alternative funding methodology to

keep SBHCs sustainable. While SBHCs will continue to bill third part insurers for direct care for the 60% of insured children that is not enough. Uninsured students and wrap around services such as classroom based preventive mental health, health education and dentistry need additional support. **We propose a baseline funding model of \$100,000 per school campus, plus \$100 per student enrolled in the school.**

The American Academy of Pediatrics recognizes that children cannot learn if they are not healthy, not present to receive instruction, and not connected to the school socially and emotionally. SBHC providers and community pediatricians can bring together the health and education sponsors with a common goal of better outcomes for children.[3](#)[23](#)[73](#)[74](#)

As New York City pediatricians, we thank the New York City Council for your action in helping children and families to grow and thrive. We are ready to partner in this exciting and essential work.

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Linda Carmine, MD - Director School-Based Health Center Program

Northwell Health - Long Island Jewish Medical Center

Cohen Children's Medical Center

**FOR THE RECORD
FOR THE RECORD**

**Submitted Testimony – New York City Council's Committees on Hospitals, Health, Education, and
Mental Health, Disabilities, and Addiction Education Committee**

Joint Oversight Hearing: School-Based Health Centers and School Based Mental Health Clinics

April 17, 2024

Good afternoon, my name is Linda Carmine; I'm an Attending Pediatrician at Northwell's Cohen Children's Medical Center and Associate Professor of Pediatrics at the Zucker School of Medicine at Hofstra-Northwell. I am the Director of the Cohen Children's School-Based Health Center Program.

School-based Health Centers (SBHCs) have been a model of care nationally for children living in under-resourced neighborhoods associated with school failure, truancy, substance use and violence since the early 1990s. The COVID pandemic exacerbated the inequities in our health and education systems, with adolescents clearly traumatized by the social isolation and educational deprivation associated with the pandemic. Meanwhile, our SBHCs struggle to function in a health care system that underfunds the essential medical and mental health services our young people desperately need. Current grant funding and Medicaid revenue for mental health services do not come close to supporting the expense of the service.

With the support of Northwell, our sponsoring institution, we provide medical, reproductive health, mental health and health education services at no charge to our students, including full laboratory testing, a medication dispensary and all vaccinations.

Our SBHCs located throughout Queens on NYCDOE campuses serve many new undocumented immigrants who have had traumatic voyages to our country and receive inadequate services on their arrival. One SBHC has documented 8-12 new immigrants arriving per week up from 3-4 last year. Many arrive with complex health care needs, unable to secure care with a primary care provider. The SBHC fills many gaps in care for these students, including the 6 months of catch-up vaccines required to attend school.

Many students also suffer significant trauma from family conflict and disenfranchisement associated with social and health inequities that exist within their community. These forces have led to skyrocketing levels of self-harm and suicidality in our youth. School phobia is at its highest levels in decades exacerbating absenteeism in schools. Crisis intervention needs have reached staggering rates due to students experiencing panic attacks, emotional and physical dysregulation, arguments that quickly become physical. The SBHC offers a safe-haven within the school with wrap around care between medical and mental health providers. Learning skills in real-time to manage emotions and navigate stressful situations is essential and when provided in schools is confidential and thus destigmatizing.

We request funding for all NYC SBHCs to prevent further service reductions and closures. We propose a funding model of \$100,000 per school campus, plus \$100 per student enrolled in the school, which is less than NYC pays for a school nurse. We call on the NYC Council to endorse the financial stability of SBHCs throughout the city. We express gratitude to the NYC Council for their dedicated backing of the most underserved families and communities in New York.

I would like to thank the Committee Chairs and the members of New York City Council's various committees for the opportunity to submit testimony on School-Based Health Centers (SBHCs).

Linda Carmine, MD

Division of Adolescent Medicine

Associate Professor of Pediatrics

Zucker School of Medicine at Hofstra-Northwell



Oversight Hearing- School-Based Health Centers and School-Based Mental Health Clinics

before the

Committee on Mental Health, Disabilities and Addiction

Jointly with the Committee on Health, Committee on Hospitals, and the Committee on

Education

on

Wednesday, April 17th, 2024, at 1:00pm

Oral Testimony By: Caitlin Garbo, MPA

Manager of Public Policy & Advocacy

National Alliance on Mental Illness of New York City (NAMI-NYC)

Good afternoon Chair Lee, Chair Schulman, Chair Narcisse, Chair Joseph and Members of the Joint Committees. My name is Caitlin Garbo and I am here today on behalf of the National Alliance on Mental Illness of New York City (NAMI-NYC). For over 40 years, we have provided renowned, peer- and evidence-based services led both for and by individuals and families affected by mental illness across New York City, all free-of-charge.

As you know, New York City's youth and adolescents are facing a mental health crisis. Decades of research and experience have laid a solid foundation and framework for effectively providing mental health services in schools that protect student well-being, promote learning, reduce stigma, and improve access. This includes programs like NAMI-NYC's Ending the Silence program. One unique aspect to Ending the Silence is that we not only offer it for students, but there are also versions for teachers and for parents and caregivers.

When we open the conversation around youth mental health and school based mental health, it is a missed opportunity if we are not also including in this conversation the adults in their lives. Parents and teachers are in that close ring of people around youth who are supporting them and who can make or break the stigma and connections to resources. If we want to truly affect the lives of young people, we must ensure that the adults in their lives have the language and resources to support them when they need it. Providing mental health services is good for students, their families, educators, the community, and society at large.¹

Research has shown that most mental disorders show up during the transition from childhood to young adulthood, with 1 in 5 people experiencing clinically relevant mental health

¹ Rossen, E., & Cowan, K. C. (2014). Improving mental health in schools. *Phi Delta Kappan*, 96(4), 8-13. <https://doi.org/10.1177/0031721714561438>

issues before the age of 25, 50% of whom are already symptomatic by the age of 14.² Our youth are our future, and we must continue to invest in managing their health and well-being.

At NAMI-NYC, we have programming specifically targeted at helping parents of youth under 18 who are navigating their loved one's mental health journey. In addition to Ending the Silence, we offer our NAMI Basics class, our tailored family match mentorship program, and other support groups that parents and caregivers are welcome to attend free of charge. As I mentioned at last month's preliminary budget hearing, funding family support programming is crucial to supporting individuals dealing with mental health issues, including youth.

I want to emphasize as the conversation around youth mental health continues to grow that it's not enough to just focus on young people. We must consider the students *and* the people *in the lives* of these young folks, bringing them into this conversation. I hope you will continue to consider NAMI-NYC as the conversation around youth mental health further develops this year and beyond.

² Colizzi, M., Lasalvia, A. & Ruggeri, M. Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?. *Int J Ment Health Syst* **14**, 23 (2020). <https://doi.org/10.1186/s13033-020-00356-9>

**TESTIMONY ON THE PROPOSED INT. NO. 0341-2024
SUBMITTED TO THE COMMITTEE ON EDUCATION**

A Local Law to amend the administrative code of the city of New York, in relation to requiring the New York City Department of Education to report the number of students reported to the Office of School Health as having a diagnosis of sickle cell disease or trait.

*Submitted by Yadira Navarro,
Director of Community & Stakeholder Relations
for New York Blood Center, Inc.
April 17, 2024*

Good afternoon. My name is Yadira Navarro and I am the Director of Community and Stakeholder Relations for New York Blood Center (NYBC). NYBC has been serving the community with the highest quality blood and stem cell products and related medical and consultative services to hospitals and patients in New York City, and the tri-state area, for six decades. NYBC is world renowned for our novel, and innovative research in the fields of hematology, blood banking and transfusion medicine, and cellular therapies, thus advancing these fields and positively impacting public health and the development of products, technologies, and services in these fields with the potential to have a worldwide humanitarian impact.

Thank you, Committee Chair Joseph, alongside Council Members Avilés, Banks, Brannan, Brooks-Powers, Gennaro, Hanif, Hudson, Krishnan, Louis, Menin, Narcisse, Ossé, Riley, Schulman, and the entire New York City Council, for your continuous support of New York Blood Center, the community blood supply, and improving health care for NYC residents. We appreciate the opportunity to share testimony in support of this important legislation towards increased data collection for our sickle cell disease community.

New York Blood Center is a leader in sickle cell disease research and is fortunate to partner with three local Sickle Cell Awareness Organizations: the NYS Sickle Cell Advocacy Network, the Sickle Cell Awareness Foundation International Corp, and the Sickle Cell/ Thalassemia Patients Network, to spread awareness on the needs of this community. We also partner closely with several Sickle Cell Disease Warriors, such as Shatera Weaver, who will also be providing testimony in support of this bill. All three organizations, along with our researchers, and Sickle Cell Warriors, have highlighted the need for increased data collection in the fight against Sickle Cell Disease to determine the best treatment options and services needed to support these patients.

Blood, and blood product, transfusions remain a critical treatment option for patients with sickle cell disease with as many as 90% of patients receiving at least one transfusion by the age of 20. Using novel blood typing technologies, we continue to develop specialized screening platforms that allow for rapid identification and provision of blood products for patients with sickle cell patients in need of life-saving transfusion. Our research programs are focused on hematological disorders, and we are actively involved and equally committed to pursuing discovery science centered on the development of novel treatments for patients with sickle cell disease.

Focusing on painful crises, a major symptom of sickle cell disease which occurs when sickle red cells block blood flow and oxygen delivery, our researchers have identified certain white blood cells that can remove the sickle cells from the blocked vessels. As part of our ongoing research program, we are targeting these cells by developing new drugs and cell-based therapies to unblock the blood flow and reduce episodes of severe pain. NYBC would welcome the opportunity to share additional information on other sickle-cell-related research projects should the council need it.

Unfortunately, it is no coincidence that as I provide this testimony, there is a critical need for blood locally and nationally. The pandemic had a devastating impact on not-for-profit blood centers here in NYC and across the country in meeting the blood and platelet needs of patients in local hospitals, exposing the vulnerability of our nation's blood supply and the need for greater awareness and an increase in blood donors. Currently, fewer than 2% of the population in NYC donate blood; therefore, it is no surprise that we often teeter on the line of meeting the needs of our local patient community. Additionally, post-pandemic, we saw a 50% decrease in youth, diverse, and first-time blood donors. Youth donors, pre-pandemic, accounted for 25% of all blood donations, therefore, gaining this segment of our donor base is critical to the sustainability of our community blood supply.

Blood Donations from our diverse communities are also critical in serving patients requiring chronic blood transfusions such as thalassemia and sickle cell disease. NYBC is proud to have the largest, rare blood inventory in the world, here in Long Island City, Queens. This inventory serves patients with special blood match needs worldwide. Our world-renowned team, of "match-makers" in our Immunohematology Laboratory, search for the most compatible blood for a patient in need. It is important to note that one in three African-American blood donors is a match to a sickle cell patient. Therefore, genetic diversity in our blood supply is crucial in supporting the sickle cell disease community; representation here truly matters. NYBC is fully committed and will continue in its mission in collecting and providing precise-matched units for patients in need of them.

The lack of national data contributes to inequities within the healthcare system and limits the medical community's ability to serve the full needs of sickle cell patients. NYBC has a long tradition of supporting national data collection efforts and is currently participating in the *All of Us* Research Program with the National Institutes of Health (NIH) which aims to build one of the most diverse health databases in history to support disease treatment and prevention across the country. Any, and all, efforts to provide increased data on the number of sickle cell patients, and the frequency of their medical episodes, will only further support our fight to improve the care received by this long-neglected patient community.

New York Blood Center fully supports the proposed Bill 0341 on "requiring the New York City Department of Education to report the number of students reported to the Office of School Health as having a diagnosis of sickle cell disease or trait.", as this will be an added component towards understanding the volume of students affected by this disease and improving patient care.

We ask for your support of this bill and are committed to bringing positive change to the treatment of sickle cell patients.

Testimony of the New York Civil Liberties Union¹
Before
New York City Council Joint Committee on Hospitals, Health, Education
and Mental Health, Disabilities, and Addiction
Regarding School-Based Health Centers
and School-Based Mental Health Clinics
April 17th, 2024



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President

The New York Civil Liberties Union (“NYCLU”) respectfully submits the following testimony in support of School-Based Health Centers:

I. Introduction

The New York Civil Liberties Union (NYCLU) advances civil rights and civil liberties so that all New Yorkers can live with dignity, liberty, justice, and equality. Founded in 1951 as the state affiliate of the national ACLU, we marshal an expert mix of litigation, policy advocacy, field organizing, and strategic communications. Informed by the insights of our communities and coalitions and powered by 90,000 member-donors, we work across complex issues to create more justice and liberty for more people. We would like to thank the Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction for giving the NYCLU the opportunity to provide testimony today on this important topic.

The NYCLU has been at the forefront of ensuring teens can access healthcare, including reproductive healthcare, for almost 30 years. Through our Teen Health Initiative, we train hundreds of medical providers, educators, and young people on the law every year. We have fought for the rights of pregnant and parenting teens to be able to finish their education, for LGBTQIA young people to get the care and privacy protections they deserve, and for all young people to have access to medically accurate, inclusive sexuality education.

The NYCLU does not currently have a position on Intro 0341, though we encourage the Council to carefully consider the privacy implications of such legislation. We would like to use this opportunity instead to provide the Council with information on the importance of School Based Health Centers. We recommend the Council work to expand their footprint in the city budget.

School Based Health Centers (SBHCs) were developed by the American Academy of Pediatrics through their Community Access to Child Health (CATCH) initiative. The first school-based health centers were opened in Massachusetts, Dallas, and Minneapolis in the 1960s and 70s. Over the following decades, the number of SBHCs grew rapidly across the country. Although School-Based Health Centers vary in delivery models and services provided, they are designed to advance health equity for

¹ Contact: Aliyah Ansari, Teen Health Strategist, AAnsari@nyclu.org

populations that have both historical as well as continuous experiences of oppression, such as communities of color and those from uninsured and low-income backgrounds.

SBHCs are staffed with a comprehensive team that may comprise of physicians, nurse practitioners, mental health providers, and other support staff. This support staff may include nurses, nutritionists, dental hygienists, health educators, substance abuse counselors and school staff, among others. The mission of SBHCs is to contribute to the health of children by providing access to primary health care and preventive health care services² and one can see that this mission is being realized.

II. School-Based Health Centers in New York City

New York City is home to a diverse population of students, with over one million enrolled in public schools alone. Among these students, access to healthcare can be a significant challenge and SBHCs offer a vital lifeline. By providing on-site healthcare services within the school setting, School-Based Health Centers eliminate barriers such as transportation issues and scheduling conflicts, ensuring that all students have equitable access to the care they need to thrive.

Currently, there are approximately 146 School-Based Health Centers operating across the five boroughs of New York City.³ These centers serve over 300 schools, offering a wide range of services, including primary care, mental health counseling, reproductive health services, and preventive care.⁴ This number may seem significant; however, New York City has more than 1,800 schools, which means there are thousands of students who do not have access to a School-based Health Center, including those who would greatly benefit from those services.

III. SBHC: Educational and Health Impacts

In October 2014, the Community Preventive Services Task Force of the US Department of Health and Human Services recommended “the implementation and maintenance of School-Based Health Centers (SBHCs) in low-income communities,” based on sufficient evidence of effectiveness in improving both educational and health outcomes.⁵ Students who utilize SBHCs are more likely to receive timely preventive care and screenings, leading to early detection and intervention for health issues.

Early detection and intervention have a positive impact on educational outcomes. For example, the CDC’s systematic review found School-Based Health Centers were

² Arenson, M., Hudson, P. J., Lee, N., & Lai, B. (2019). The Evidence on School-Based Health Centers: A Review. *Global Pediatric Health*. Available at: [The Evidence on School-Based Health Centers: A Review - PMC \(nih.gov\)](#)

³ *School-Based Health Centers Fact Sheet (SBHC)*. Available at: [School-Based Health Centers Fact Sheet \(SBHC\) \(ny.gov\)](#)

⁴ *School-Based health centers*. Available at: [School-Based Health Centers \(nyc.gov\)](#)

⁵ The Community Preventive Services Task Force (2015). *Social Determinants of Health: School-Based Health Centers*. The Community Guide. Available at: [SDOH: School-Based Health Centers | The Community Guide](#)



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associated with a 29% decrease in high school non-completion rates and a 4.7% increase in students' GPA.⁶

Additionally, studies have shown that schools with SBHCs experience lower rates of absenteeism and disciplinary incidents, indicating the positive influence of these centers on overall school climate.⁷ This means SBHCs should be part of New York City's efforts to address school safety and climate. New York City Public Schools focuses too many of its limited school climate resources on school police, in the misguided belief that only police and police apparatus can keep students safe. But school safety is strongest and most lasting when students are supported from within the school, through access to counseling, culturally responsive curriculum, extracurricular activities, and access to stabilizing factors such as food, healthcare, mental health supports and trusted adults. By recouping money from expensive police programs and investing in student wellbeing through SBHCs, the Council could potentially improve school climate in some of the highest-needs schools in the city, without resulting in needless arrests of young people.

SBHCs can also be an important tool to combat environmental racism in NYC schools. Many of New York City's schools, such as those that abut major roadways, expose students to high levels of environmental pollution like car exhaust (even where school buildings are modernized and have air conditioning, which is not always the case, children are exposed to pollution while commuting to and from school and during outdoor activities). Certain neighborhoods in the South Bronx, most notably the Mott Haven neighborhood, are colloquially known as Asthma Alley, due to the incredibly high proportion of residents with asthma due to disproportionate exposure to air pollution.⁸ Asthma is also a leading cause of absenteeism in public schools.⁹ Investing in SBHCs in schools where children are heavily burdened by environmental pollution can help these kids to attend classes regularly, get the treatment they need to avoid potentially serious effects, and ultimately, to stay in school.

Finally, SBHCs are instrumental in promoting reproductive health among students. Adolescence is a critical period of physical and emotional development, and access to accurate information and healthcare services is essential for empowering young people to make informed decisions about their sexual and reproductive health. In a city where adolescent sexually transmitted infection rates are higher than the national average, School-Based Health Centers provide essential reproductive health education, contraceptive counseling, and STI testing and treatment services to thousands of students each year, ensuring that students have the resources they need to navigate this aspect of their lives responsibly and confidently.

⁶ John A Knopf et al. (2016). School-Based Health Centers to Advance Health Equity. American Journal of Preventive Medicine 51. Available at: [School-Based Health Centers to Advance Health Equity - PMC \(nih.gov\)](#)

⁷ VanCura M. (2010). The Relationship between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time. Journal of School Health. Available at: [The Relationship Between School-Based Health Centers and the Learning Environment - Strolin-Goltzman - 2010 - Journal of School Health - Wiley Online Library](#)
Hazar Kilani (2019). 'Asthma Alley': Why Minorities Bear Burden of Pollution Inequity Caused by White People. Available at <https://www.southbronxunite.org/press-and-media/asthma-alley-why-minorities-bear-burden-of-pollution-inequity-caused-by-white-people>.

⁹ Sara B. Johnson, PhD, MPH et al. (2019) Asthma and Attendance in Urban Schools. Available at https://www.cdc.gov/pcd/issues/2019/19_0074.htm.



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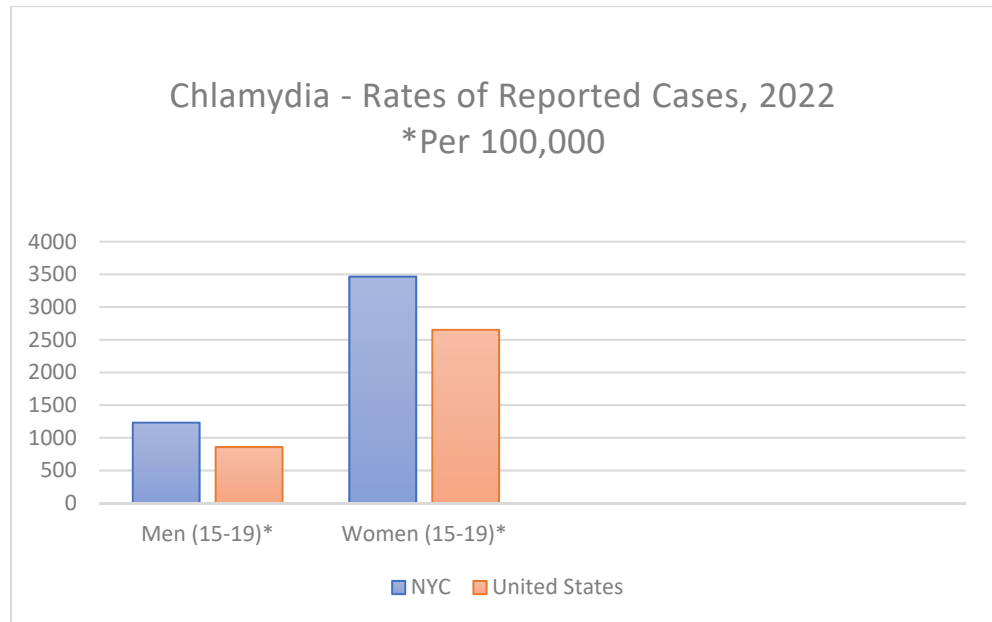
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Take as an example the common STI chlamydia. The chart above shows that in 2022, the national rate of reported chlamydia cases for men aged 15-19 was 858.9 per 100,000 and the rate for women 15-19 was 2652.3 per 100,000.¹⁰ In New York City that rate was 1232.39 per 100,000 for men 15-19 and 3465.49 per 100,000 for women aged 15-19.¹¹ In other words, New York City’s rate of reported chlamydia cases for women and men in this age group was 130% and 143% over the national rate, respectively. Our adolescents are at higher risk and are less supported than teens nationwide when it comes to STI prevention, making access to SBHCs more important than ever.

In my current role as the Teen Health Strategist at the NYCLU, I've encountered firsthand the critical importance of ensuring young people have access to confidential health services. I train providers on minors' rights to confidential healthcare. Understanding these rights enables healthcare professionals to establish trust with young patients, fostering open communication and facilitating early intervention when necessary. Ultimately, such training empowers providers to uphold ethical standards and respect the autonomy of minors, promoting their overall well-being and access to essential healthcare services. In my former role as health educator, I've witnessed the transformative impact of comprehensive sex education in schools, where students are empowered with knowledge and agency over their bodies and health choices.

These experiences have unequivocally underscored the indispensable role of School-Based Health Centers (SBHCs) in providing a safe and supportive environment for adolescents to seek essential healthcare services. SBHCs serve as a cornerstone in bridging the gap between healthcare and education, offering a confidential space where

¹⁰ *Chlamydia — Rates of Reported Cases by Age Group and Sex, United States, 2022*. CDC. Available at: [Chlamydia — Rates of Reported Cases by Age Group and Sex, United States, 2022 \(cdc.gov\)](https://www.cdc.gov/std/nchs/2022-report)

¹¹ *Sexually Transmitted Infections Surveillance Report, 2022*. NYC Department of Health and Mental Hygiene. Available at: [Sexually Transmitted Infections Surveillance Report, 2022 \(nyc.gov\)](https://www.nyc.gov/html/doh/html/press/pr220113.html)

minors can access vital resources and support without fear of judgment or disclosure. The holistic approach of SBHCs not only addresses physical health needs but also fosters emotional well-being. Through my experiences, it's become abundantly clear that School-Based Health Centers are not just beneficial but truly essential in safeguarding the health and rights of our youth.

School-Based Health Centers play a pivotal role in nurturing a supportive and inclusive school climate. By offering a safe and confidential space for students to address their health concerns, these centers contribute to a sense of belonging and security within the school environment. Students are more likely to thrive academically and socially when they feel physically and emotionally supported, and SBHCs serve as pillars of this support system. The impact of School-Based Health Centers on student health outcomes is undeniable.



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IV. Conclusion & Recommendations

Considering the undeniable benefits that School-Based Health Centers (SBHCs) bring to communities, particularly in providing essential healthcare services to adolescents, the NYCLU urges the Council to consider increased funding to create more SBHCs in New York City. By expanding the availability of SBHCs, we can ensure that all students, regardless of their socioeconomic background, have access to quality healthcare services in the familiar and accessible setting of their schools. To maximize the impact of these centers, it's advisable to strategically place them in neighborhoods with the highest need based on various criteria such as income levels, accessibility to healthcare facilities, or community health indicators. By prioritizing placement in areas with limited access to healthcare resources, we can effectively address disparities in healthcare access and improve health outcomes for underserved populations.

We urge the Council to take note of the many areas of student well-being and achievement that can be enhanced by access to a SBHC, in addition to physical health. These should be considered a key intervention in New York City's school improvement portfolio. Schools with high suspension and absenteeism rates might be served well by investing as many dollars into student health as the City currently invests into policing these same kids.

The importance of School-Based Health Centers in New York City cannot be overstated. They are not mere healthcare facilities but catalysts for positive change within our educational system. SBHCs help create a positive and inclusive school environment where students feel valued and supported in their journey towards academic success. As we strive to ensure that all students in New York City have the opportunity to thrive, it is imperative that we recognize the significance of School-Based Health Centers and prioritize their expansion. Additional funding for School-Based Health Centers and targeted placement strategies represents proactive investments in the well-being of our youth and the overall health equity of our city.

Adria Cruz, board member, New York School-Based Health Foundation

Submitted Testimony – New York City Council’s Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction Education Committee

Joint Oversight Hearing: School-Based Health Centers and School Based Mental Health Clinics

April 17, 2024

Good afternoon, my name is Adria Cruz, and I am a Board member of the New York School-Based Health Foundation.

I would like to extend my gratitude for the opportunity to submit testimony on School-Based Health Centers (SBHCs) to Committee Chairs Narcisse, Schulman, Joseph, and Lee, and the members of New York City Council’s Committee on Hospitals, Health Committee, Committee on Education, and Committee on Mental Health, Disabilities, and Addiction.

The [New York School-Based Health Foundation](#), a 501-c-3 nonprofit organization, is committed to ensuring that vulnerable school children have access to quality care delivered by New York State’s school-based health centers (also known as SBHCs). Our efforts focus on promoting, strengthening, and expanding access to SBHCs by offering technical assistance, training, data services, and raising awareness of their crucial role as a safety net for our state’s most vulnerable children.

In New York City, there are 138 SBHCs serving 433 individual schools and over 150,000 students, regardless of insurance or immigration status. These SBHCs are sponsored by [18 healthcare organizations](#), including hospitals, federally qualified health centers, and community health centers.

Over 90% of students served by SBHCs across New York City reside in neighborhoods identified as severely impacted by Covid-19, according to the Taskforce on Racial Inclusion and Equity (TRIE), see [Figure 1](#) below.

All SBHCs offer comprehensive medical and behavioral health services, with many also providing dental, vision and health education services, at no cost to families and regardless of their insurance or immigration status. Consequently, insurance only covers about 50% of SBHC operations, with the remainder coming from various sources, including New York State Department of Health and New York City Department of Health and Mental Hygiene, as well as private funding raised by the sponsoring organizations.

City Tax Levy dollars currently contribute approximately \$7.8 million in funding for 35 of the City’s 140 SBHCs, constituting 6% of the total annual budget for New York City SBHCs. However, the remaining 105 SBHCs receive no direct funding from the city. These combined challenges leave many SBHCs in a fragile financial condition.

Despite the essential role SBHCs play in assisting the New York City Department of Education in meeting the health mandate which requires the presence of a school nurse at elementary schools with over 200 students, and at middle and high schools with students needing 504 accommodations for specific conditions, the DOE removes the school nurse and relies on the SBHC to fulfill the health mandate without allocating any funding for this responsibility.

SBHCs serve as pillars of New York's health equity strategy, offering a cost-effective and impactful healthcare delivery model with numerous benefits. They effectively reach marginalized populations,

reduce absenteeism and tardiness among adolescents¹, promote a greater willingness to seek medical services², decrease emergency room visits and hospitalizations³, and generate substantial cost savings for New York City in averted unwanted pregnancies, births and abortions among adolescents⁴.

We urge the New York City Council to prioritize funding for NYC SBHCs to prevent service reductions and closures. **Specifically, we propose a funding model of \$100,000 per school campus, supplemented by \$100 per enrolled student**, to ensure continued access to essential healthcare services.

SBHCs serve as vital components of New York City and the state's social safety net, bridging gaps in healthcare access, particularly for our most vulnerable students. The New York School-Based Health Foundation extends sincere appreciation to the New York City Council for their steadfast support of under-served families and communities. Investing in SBHCs represents a unique opportunity to address the health and mental health crisis among youth, and SBHCs stand ready to collaborate in improving health outcomes for New York City's youth.

List of SBHC Sponsoring organizations

1. Brooklyn Plaza Medical Center
2. Brownsville Multi-Service Family Health
3. Children's Aid
4. Community Healthcare Network
5. East Harlem Council For Human Services
6. Institute for Family Health
7. Jamaica Hospital Medical Center
8. Montefiore Medical Center
9. Morris Heights Health Center
10. Mount Sinai Adolescent
11. Mount Sinai Pediatrics
12. New York-Presbyterian
13. Northwell LIJ
14. Northwell SIUH
15. NYU Langone FHC
16. Richmond University Medical Center
17. Urban Health Plan
18. William F Ryan

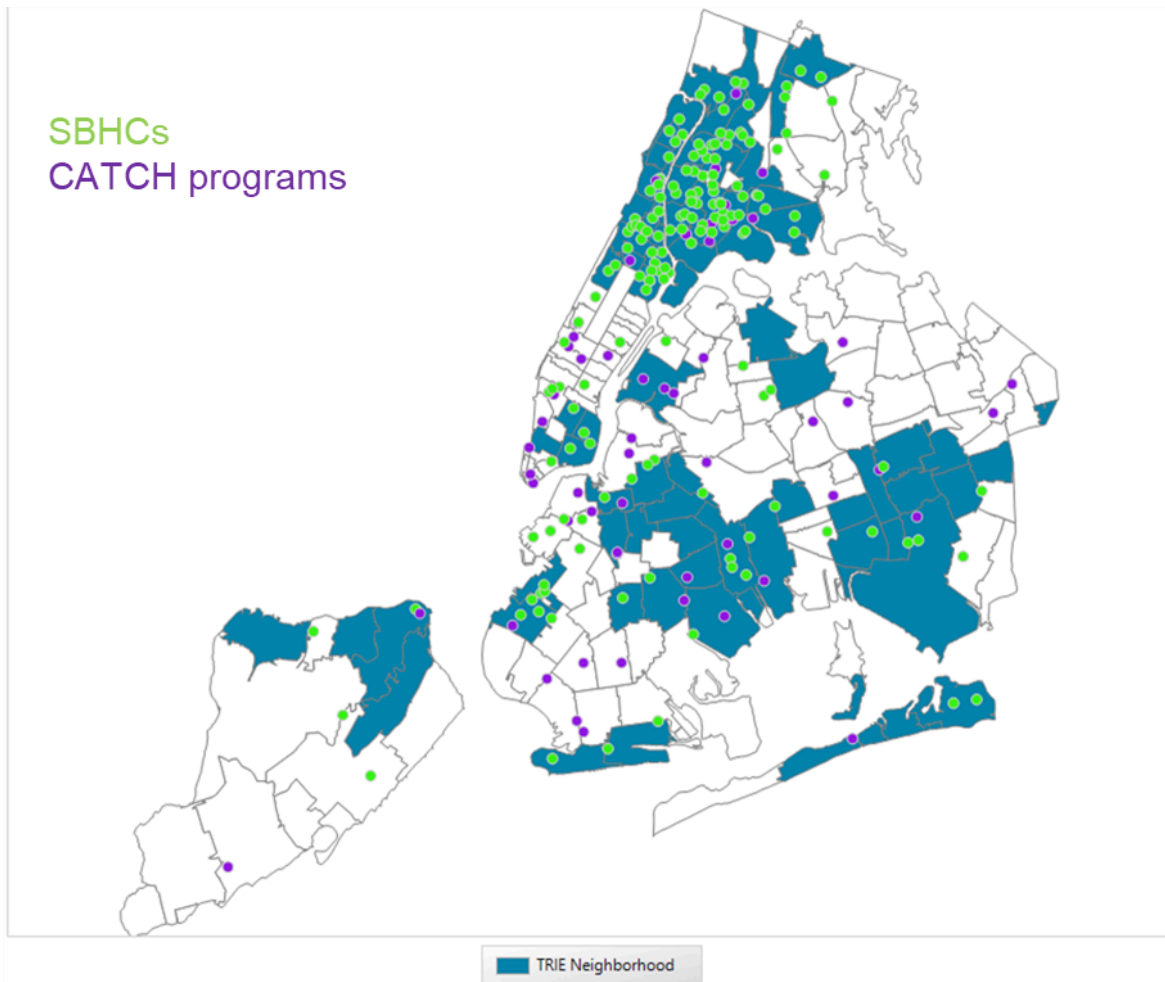
¹ Gall G, Pagano ME, Desmond MS, Perrin JM, Murphy JM. Utility of Psychosocial Screening at a School-Based Health Center. *Journal of School Health*. Sep 2000;70(7):292- 298.

² Riggs S, Cheng T. Adolescents Willingness to Use a School Based Clinic in View of Expressed Health Concerns. *Journal of Adolescent Health Care*. 1988;9(208-213).

³ Key JD, Washington EC, Hulseley TC. Reduced Emergency Department Utilization Associated with School-Based Clinic Enrollment. *Journal of Adolescent Health*. Apr 2002;30(4):273-278.

⁴ Fisher, Rebecca et al. "Provision of Contraception in New York City School-Based Health Centers: Impact on Teenage Pregnancy and Avoided Costs, 2008-2017." *Perspectives on sexual and reproductive health* vol. 51,4 (2019): 201-209. doi:10.1363/psrh.12126

FIGURE 1. SBHCs represent the light green dots superposed over the teal blocks representing the TRIE neighborhoods



Why the City Should Expand School-Based Mental Health Clinics

Testimony by Mariana N. Youssef, LCSW

Assistant Director-Clinic In Schools

Re: T2024-1520 Oversight - School-Based Mental Health Clinics.

Northside Center for Child Development, Inc.

April 17, 2024

Committee on Education

Rita C. Joseph, Chair

Good Afternoon. I'm Mariana Youssef. I'm Northside Center's Assistant Director for the Clinic In Schools program which oversees 16 satellite mental health clinic locations in New York City schools. Our staff includes licensed social workers and mental health counselors, psychiatrists and psychiatric nurse practitioners who provide wraparound mental health services for children and caregivers, as well as support for school staff and administrators in managing crises and providing general psychoeducation on youth mental health.

A 2023 study in the Annals of Pediatrics & Child Health said, "In the United States (US) youths suicide has become the second leading cause of premature death among those aged 10 to 24 years and is the leading cause of death among those aged 13 to 14 years."¹ School-based mental health clinics are uniquely and ideally suited to stem this crisis, because:

- Instead of having Parents with insurance call dozens of "in-network" providers who supposedly take new patients and find none, therapy is readily available for at-risk children.
- School officials often bring in School Clinical Managers to resolve crises. Thus, Students in emotional crisis have better, faster access to clinical help.
- Youth are sometimes more easily engaged in their school environment.
- Having School Clinical Managers in their children's schools gives School Clinical Manager's a better understanding of the School's environment and allows for a more holistic approach to services... including understanding how students interact with staff/peers, collaborating with guidance counselors, school social workers, teachers, etc.

¹ [Continuing Alarming Increases in Suicide in American youths: Clinical and Research Challenges \(jscimedcentral.com\)](https://www.jscimedcentral.com/Continuing-Alarming-Increases-in-Suicide-in-American-youths-Clinical-and-Research-Challenges)

To improve the efficacy of these programs, Northside offers these recommendations:

- The City should provide Public Service Announcements promoting Students' use of School-Based Mental Health Clinics as an effective, stigma-free way to help at-risk students and other troubled Students get the help they need.
- To be trusted and effective, School Clinical Managers must attend meetings and trainings, but at present, there's no funding to cover these costs. The City should help cover these costs.
- The City should formalize a process to identify full-time space in Schools to run these programs.

Thank you, Chairpersons Joseph, Shulman and Lee for hosting this hearing and allowing me to testify on behalf of Northside Center about the vital role School-based Mental Clinics already play in addressing the crisis in children's mental health and, therefore, why these programs should be expanded.



The Samaritans of New York, Inc. (Suicide Prevention Center)

Testimony of Fiodhna O'Grady, Director of Government Relations

**to the Committees on Hospitals, Health, Education, and Mental Health, Disabilities, and Addiction
hearing on School-Based Health Centers and School-Based Mental Health Clinics
Wednesday, April 17, 2024**

Thank you, council members. My name is Fiodhna O'Grady, and I am the Director of Government Relations for Samaritans. Samaritans has been a steadfast provider of suicide prevention services for over 40 years, and our 24-hour hotline, is a cornerstone of this effort, offering the **only anonymous and completely confidential crisis service to New Yorkers.**

I am here today to speak on a matter of critical importance—our city's urgent need to support the mental health of its youth, particularly among minority youth and those with intersecting marginalized identities.

The need for Samaritans' services as well as school-based mental health clinics and Social Emotional Learning (SEL) in schools has never been more pressing. In New York City, suicide is the third leading cause of death among young people aged 15-24 (DOHMH, 2023), and over 20% of all deaths in children aged 10-14 are due to suicide (CDC, 2023). The rates of suicidal ideation and attempts are alarmingly high among, Latin, Black and Asian females, LGBTQ+ youth and other minority groups (YRBS, 2019). These rates are exacerbated by stigma and discrimination that often deter or prevent young people from seeking help. The vast majority of NYC youth who expressed a need for mental health services last year **never received care or treatment** (*Citizens Committee for Children, 2021*).

School-based mental health clinics and the implementation of the SEL legislation can make a real difference, equipping students who may otherwise not engage with services with important coping skills— arguably the most important lessons they learn in school.

By investing in these services, we not only support the immediate needs of our youth but also build a foundation for a healthier future. As part of our commitment to this vulnerable population, we are also advocating for the restoration of \$312,000 in funding from the City Council under the vulnerable populations initiative. This funding is vital for maintaining the operations of our hotline, which offers not just crisis response, but a safe point of entry to other services and supports.



Working together to prevent suicide + help save lives.

We urge the council to consider the profound impact that your decision will have on the lives of countless young New Yorkers. Let us ensure that our city's youth have the support and skills they need to navigate life's challenges, free from stigma and with hope for the future.



THE BROTHERHOOD SISTER SOL

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My name is Nia Morgan and I am a Liberation Program Facilitator at the Brotherhood Sister Sol or BroSis. For over 25 years, BroSis has been at the forefront of social justice; educating, organizing and training to challenge inequity and champion opportunity for all. With a focus on Black and Latinx youth, BroSis is where young people claim the power of their history, identity and community to build the future they want to see. BroSis provides around-the-clock support and wraparound programming, making space for Black and Latinx young people to examine their roots, define their stories and awaken their agency.

The Liberation Program works with youth to support their organizing skills, grow their agency, and teach them about systemic oppression. Our current campaign focuses specifically on implementing wellness centers on every school campus in the city, ensuring that they are properly staffed by culturally responsive professionals and community members. I am here testifying today in support of fully funding school-based mental health services.

Our young people need mental health services that are staffed enough to adequately address each young person's challenges with time and care, rather than automatically defaulting to sending them to a mental institution.

I have been a youth organizer and educator for several years, and recall a high schooler telling me in December about how one day he went to a school social worker because he was feeling mentally unwell. Instead of talking to an adult who helped him, he found himself put in a mental institution. That young man not only lost trust in that particular social worker, but was disabused of any notion he would be safe seeking help, or that school itself was a safe place. The experience did not assist him in his journey towards mental wellness; it only removed him from the school. To paraphrase Dr. Angela Davis, the school did not disappear the true problem, just the student experiencing it.

I personally understand this experience all too well. As a child, I developed depression that went untreated until I was in college. When I sought help, I was advised to go to a hospital and ask for medicine. Instead of receiving medication as a hold over until my doctor could next see me, I was admitted to the emergency room, had everything taken away from me, and was declared mentally incompetent. While I had the awareness to not behave as panicked as I was, essentially tricking them into releasing me the next morning. The experience was one of the most traumatic of my life, to experience all agency stripped from you and be confined because I naively thought that doctors would actually help me. To this day, I have an overwhelming fear of hospitals and would do anything to avoid returning to that situation again.

Proper, years long treatment has allowed me to continue living a full life with chronic depression, moving past that moment to earn both a masters degree and JD. However, early intervention arguably would have addressed my mental health needs before my childhood depression developed into a chronic condition. I had no one I trusted, just as the student I mentioned above

has no one he trusts, to be honest about what he's experiencing. I was twenty when I sought help; I cannot imagine the impact of such an event on a teenager.

Many others more qualified than I have surely spoken at length about the benefits of in-school services. Studies have shown that school-based mental health services are not only impactful, but they are sometimes the only way many low-income students can access help. Robust guidance and mental health service programs in schools have also been to improve school safety far more than school police. Youth spend the majority of their waking hours in school and school is one of their primary points of contact with the outside world. So many young people need someone to speak to who they can trust and who are equipped to provide them with the support they need in a way that friends, family and even teachers cannot. Mental health is just as important as physical health, and we must act like it.

While the long-term impact of the pandemic on students' mental development and health is yet to be seen, there is no denying the challenges that will continue to impact them for decades to come. Between climate change, political instability, and financial uncertainty, our youth need the tools to enable their resilience, especially when their own greatest difficulties may be coming from their own minds. It is our duty as adults in society to do our best to provide what we can for those who come after us, and that is why I and BroSis support the funding and implementation of school-based mental health services across New York City.

TESTIMONY

The Legal Aid Society

to

The New York City Council

Committee on Education, Committee on Health, Committee on Hospitals, and
Committee on Mental Health, Disabilities, and Addiction

Oversight:

Hearing on School-Based Health Clinics and School-Based Mental Health Clinics

Prepared by Dawn L. Yuster, Esq.

Staff Attorney, Education Advocacy Project, Juvenile Rights Practice

April 17, 2024

Introduction

The Legal Aid Society welcomes the opportunity to testify and thank Chairpersons Joseph, Lee, Narcisse, and Schulman and the Committees on Education, Health, Hospitals, and Mental Health, Disabilities, and Addiction for their leadership on highlighting the need to expand student access to School-Based Mental Health Clinics, social workers, and a continuum of mental health and social-emotional supports and services in the New York City Public Schools (NYCPS).

Like so many New Yorkers, the Legal Aid Society is deeply concerned about the threat of decreased funding for social-emotional, behavioral, and mental health services in public education and the devastating implications of those cuts on our clients, particularly given the continuing mental health crisis for children and youth, with rates of anxiety, depression, and suicidality at unprecedented levels. That is why we were pleased when the City launched the Mental Health Continuum, an innovative, cross-agency model to help students struggling with mental health challenges access timely mental health care and a range of school support. We commend and join the City Council in strongly opposing any cuts to school-based mental health and social-emotional supports and in urging the Mayor to continue funding for the Mental Health Continuum (\$5 million), 450 Social Workers (\$67 million); and continue and expand on funding for restorative justice programs (\$22 million).

The Legal Aid Society is the nation's largest and oldest provider of legal services to low-income families and individuals. Throughout our more than 145-year-history, The Legal Aid Society (LAS) has been a tireless advocate for those least able to advocate for themselves. Our mission is simple: we believe that no New Yorker should be denied their right to equal justice because of poverty. From offices in all five boroughs, the Society

annually provides legal assistance to low-income families and individuals in nearly 200,000 legal matters each year, including education advocacy for school-age children and youth. Our practice encompasses three practice areas: the Criminal Defense Practice, the Civil Practice, and the Juvenile Rights Practice.

The Criminal Defense Practice is the premier public defender program in the country, handling 125,000 criminal matters in a typical year. Our victories in and out of the courtroom protect the constitutional rights of our clients and strive for greater humanity in the criminal legal system. Many thousands of our clients with criminal cases in Criminal Court and Supreme Court are school-age teenagers and young adults who need and are legally entitled to receive educational services and many of them require mental and behavioral health support to learn.

The Civil Practice provides specialized, comprehensive, legal assistance across a range of civil legal practice areas that benefits more than 135,000 New Yorkers each year. Through our efforts, we secure essentials of life such as ensuring our clients have stable housing, family law assistance, access to health care, obtain life-changing immigration law assistance, and can effectively care for themselves and their families. Many clients of the civil practice are parents of children who need school-based mental health and social-emotional services to remain connected and engaged in school.

The Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear in New York City's Family Court due to involvement with the family regulation system, the juvenile legal system, and other proceedings affecting children's rights and welfare. Our Juvenile Rights staff typically represents a total of more than 30,000 children each year. Our work with these most vulnerable New Yorkers keeps them safe and makes our city's families and communities stronger.

Our Civil, Juvenile Rights, and Criminal Defense Practices engage in educational advocacy for our clients in the areas of school-based mental health, restorative justice practices, school discipline, special education, and school placement and programming through the Education Advocacy Project in the Juvenile Rights and Criminal Defense Practices and the Education Law Project in the Civil Practice. In addition to representing these children each year in administrative hearings, appeals, and court proceedings, we also pursue impact litigation and other law reform initiatives on behalf of our clients.

Our perspective comes from our daily contacts with children, youth, and their families as well as our frequent interactions with courts, social service providers, and NYC agencies, including the Departments of Education (DOE), Health and Mental Hygiene (DOHMH), and Homeless Services (DHS); the Administration for Children's Services (ACS), the Health + Hospitals (H+H), and the Human Resources Administration (HRA).

The Education Advocacy Project and Education Law Project of The Legal Aid Society submit the instant testimony to raise the alarm about the dire need for continued funding to ensure that New York children and youth have access to the mental health and behavioral supports they need to flourish in school. Our written testimony will focus on the urgency of sustaining and extending funding for the Mental Health Continuum, school-based Mental health clinics, social workers, and restorative justice practices.

I. School-Based Mental Health Clinics and the Mental Health Continuum

A. Mental Health Crisis for NYC Youth

New York faces an enduring youth mental health crisis that pre-dated, and was then exacerbated by, the COVID-19 pandemic. The number of children and youth struggling with severe mental health needs has risen sharply while wait times for accessing treatment have remained lengthy—taking weeks, months, or even a year or more. The consequences of untreated mental health challenges in children and adolescents are long term and profound: they correlate with poor academic achievement, teenage pregnancy, unstable employment, substance use, behavioral challenges, and poor medical outcomes. As one of the most devastating consequences of untreated mental health conditions, suicide is the second leading cause of death in youth between 10 and 24 years old.¹

The Center for Disease Control and Prevention warns of “an accelerating mental health crisis among adolescents with more than 4 in 10 teens reported they feel ‘persistently sad or hopeless,’ and 1 in 5 saying they have contemplated suicide.”² The revelations of this survey follow those of the American Academy of Pediatrics, who in October of 2021 declared a national emergency in child and adolescent mental health.³ The declaration stated its members were “caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families and their communities.”⁴ The December 2021 Advisory on Youth Mental Health issued by General Vivek H. Murthy, the U.S.

¹ American Academy of Pediatrics, School-Based Mental Health: Pediatric Mental Health Series, <https://www.aap.org/en/patient-care/mental-health-minute/school-based-mental-health/>.

² Moriah Balingit, ‘A cry for help’: CDC warns of a steep decline in teen mental health, THE WASHINGTON POST (Mar. 31, 2022, 1:00 PM), <https://www.washingtonpost.com/education/2022/03/31/student-mental-health-decline-cdc/>.

³ Pediatricians, Child and Adolescent Psychiatrists and Children’s Hospitals Declare National Emergency in Children’s Mental Health, AM. ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY (October 19, 2021), https://www.aacap.org/AACAP/zLatest_News/Pediatricians_CAPs_Childrens_Hospitals_Declare_National_Emergency_Childrens_Mental_Health.aspx.

⁴ *Id.*

Surgeon General, echoed much of the same alarm, outlining the pandemic's influence as well as the pre-pandemic mental health challenges.⁵

The consequences are disproportionately dire for our clients at The Legal Society who are low-income and come predominantly from underserved communities. We frequently see children and youth who are unable to get help and treatment until there is a significant crisis that places them or their families in one of the city's legal systems, expensive and often traumatizing systems that are ill-equipped to address the mental health needs of our children. Our young people end up receiving care in emergency rooms, hospitals, foster care, and juvenile justice facilities rather than through delivery of continual, high-quality outpatient mental health services needed to be and remain healthy. Far too many of our schools are inadequately resourced and unnecessarily routing our children experiencing mental health crises to Emergency Medical Services (EMS), suspending students from school, and invoking law enforcement on student behavior.

B. School-Based Solutions to Address the Mental Health Crisis

There are promising solutions. Schools play a pivotal role in connecting young people with mental health challenges with the services they urgently need. Students are 21 times more likely to seek mental health support at school than at a community-based clinic, if at all.⁶ School-based mental health services can help reduce racial disparities in access to care.⁷ These services

⁵ U.S. Surgeon General, *Protecting Youth Mental Health* (2021), <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

⁶ Juszczak L, Melinkovich P, Kaplan D. Use of Health and Mental Health Services by Adolescents Across Multiple Delivery Sites. *Journal of Adolescent Health*. Jun 2003;32(6 Suppl): 108-118. [Use of health and mental health services by adolescents across multiple delivery sites.pdf](#).

⁷ Howard, Caren, *Mental Health and DEI*, National Association of Secondary School Principals, Advocacy Agenda: November 2022, <https://www.nassp.org/publication/principal-leadership/volume-22-2021-2022/principal-leadership-november-2022/advocacy-agenda-november-2022/>.

are associated with improved school engagement, increased attendance, and increased academic achievement.⁸

Governor Kathy Hochul’s proposed investment in school-based mental health clinics and the City Council’s proposed investment in peer-to-peer programs to improve youth mental health outcomes provide important opportunities to support New York students. The effectiveness of school-based mental health clinics is well-established and there is an expanding body of literature on youth peer support in mental health.⁹ It is important that the City continues to fund existing school-based mental health clinics and expand these services and peer programs to more students and school communities.

C. Extend and Baseline Funding For The Mental Health Continuum to Provide Students with Timely Access to School-Based Mental Health Clinical and Behavioral Services

In addition to school based mental health clinics, New York City students need a continuum of school-based behavioral and mental health services that includes both school wide programs to teach students social/emotional skills and individual interventions, including referrals to clinically trained social workers, and psychiatrists when needed.

The City has launched such a model called the Mental Health Continuum.¹⁰ Located in 50 high-needs schools, the Mental Health Continuum reaches more than 21,000 students in 3K to 12th grade in the South Bronx and Central Brooklyn. These schools target at-risk youth, with a

⁸ New York State Office of Mental Health, School and Mental Health Partnerships: Improving School and Community Outcomes For Children and Adolescents with Emotional and Behavioral Challenge, April 2018, <https://omh.ny.gov/omhweb/childservice/docs/school-based-mhservices.pdf>.

⁹ Richter A, Sjunnestrand M, Romare Strandh M, Hasson H. Implementing School-Based Mental Health Services: A Scoping Review of the Literature Summarizing the Factors That Affect Implementation. *Int J Environ Res Public Health*. 2022 Mar 15;19(6):3489. doi: 10.3390/ijerph19063489. PMID: 35329175; PMCID: PMC8948726. *BMC Health Services Research*, “a participatory-realist evaluation of peer support for young people coping with complex mental health and substance use challenges,” Nov. 2022, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08743-3>.

¹⁰ NYC The Mental Health Continuum, <https://mentalhealthcontinuum.com/about-us/>.

majority of the student population experiencing poverty, more than 30 percent students with disabilities, and more than 14 percent English Language Learners.¹¹ This innovative model is the first ever cross-agency partnership between the NYCPS, the H+H, and the DOHMH to help students struggling with mental health challenges receive appropriate and timely care. The Mental Health Continuum includes the following:

- School-based child and adolescent mental health clinics run by H+H;
- Expedited referrals to mental health care, such as evaluation, therapy, case management, and psychiatry;
- Mental health care via virtual and in-person clinical sessions from school, home, and H+H clinics;
- Clinic consultation with school leadership and school-based support teams;
- NYC Well hotline to advise school staff with mental health inquiries;
- Training school staff in Collaborative Problem Solving to build the capacity to address the behavioral and mental health needs of their students;
- Children’s Mobile Crisis Teams to respond to students in crisis; and
- A culturally-responsive family approach.

Of the five participating H+H clinics, three facilities are currently providing mental health services to students via an expedited referral pathway into child and adolescent outpatient departments and via school-based mental health satellite clinics. Since the clinics opened, the number of student referrals for mental health care has been doubling each month. The other two facilities will soon be offering a similar expedited referral pathway into their outpatient clinics.

At a time when we have a youth mental health crisis, it is imperative that the Administration sustain and baseline \$5 million in funding for the Mental Health Continuum so

¹¹ This demographic data for the Mental Health Continuum is based on 2022-23 enrollment since 2023-24 counts are not yet public.

that students can count on continuing to receive the support they need to succeed in school and more students can access these services. The \$5 million in funding for the Mental Health Continuum will expire in June unless extended in the Fiscal Year 25 Budget. We call on the City to ensure that School-based Mental Health Clinics and the Mental Health Continuum highlighted in the [Mayor’s Mental Health Plan](#), [NYC Speaks Action Plan](#), the [Council’s Mental Health Road Map](#), and the [Council’s FY25 Preliminary Budget Response](#) continue to be funded. We urge the Mayor to join the City Council in renewing and baselining \$5 million for the Mental Health Continuum. This model is an essential step toward a system that recognizes schools as a public health opportunity to provide needed mental health services to children.

II. School-Based Social Workers Provide Critical Support for Students

We repeatedly hear from our clients that they sought out a social worker in school when they needed support, but none was available. With nowhere to turn for support, students lacking the tools to cope cannot learn effectively or at all. The National Association of School Social Workers recommends a ratio of one social worker for every 250 general education students (and a lower ratio, such as one to 50, for schools whose students have more significant needs). But, according to the most recent NYCPS data report on school social workers in 2023, there were less than 2,000 social workers in NYC schools.¹² Meanwhile, in 2022, the New York City Police Department (NYPD) reported about 4,400 NYPD school safety agents employed in schools—more than double the number of school social workers.¹³ Moreover, the NYPD reported 13,012 times when police officers and school safety officers intervened in student behavior.¹⁴ This

¹² NYC Department of Education Report on Guidance Counselors Pursuant to Local Law 56 of 2014, Feb. 15, 2023, https://infohub.nyced.org/docs/default-source/default-document-library/guidancecounselorreportandsummaryfeb_2023.pdf (annual reporting on guidance counselors and school-based support team social workers).

¹³ Education Week, The Nation’s Largest District Saw an Increase in Policing at Schools Last Year, Feb. 17, 2023, <https://www.edweek.org/leadership/the-nations-largest-district-saw-an-increase-in-police-interventions-at-schools-last-year/2023/02>.

¹⁴ *Id.*

represents a gross mismatch in resources: our children and youth are clamoring for mental health and social emotional support and not for police officers and school safety officers in their schools.

The NYCPS has used \$67 million in COVID-19 relief funds annually to hire 450 school social workers. Thanks to this investment, nearly 194,000 students gained access to a social worker in their school. Currently, however, there is no plan for sustaining any of these positions, although they are needed as much as ever. Even with these added school social workers, the NYCPS falls far short of best practice, as there is only one school social worker for every 435 students. The Administration must replace the expiring \$67 million of federal funds to ensure that 450 school social workers remain in schools to provide necessary social and emotional support to students and further expand the number of school social workers to follow best practices and meet the needs of NYC's students.

III. Restorative Justice Practices Are Critical for Student Connectedness to School, Improving Student Mental Health and Improving Academic Outcomes

Both the Centers for Disease Control and Prevention (CDC) and the U.S. Surgeon General have highlighted the potential for schools to be a protective factor in the mental health crisis, finding that teens who feel connected at school report much lower rates of poor mental health. Connection is at the heart of restorative justice practice and mirrors the imperative outlined by the CDC and the Surgeon General to adopt evidence-based practices within schools that strengthen relationships and guard against the negative effects of isolation, loneliness and

disconnection for young people.¹⁵ The CDC points out that “school connectedness (i.e. the belief by students that adults and peers in the school care about them as individuals) has been shown to have positive effects on traditional academic achievement, including having higher grades and test scores, having better school attendance, and staying in school longer.”¹⁶

Given the potential of school engagement to provide children with stability, access to services, as well as improved academic outcomes, the use of research-based restorative justice practices must be continued and expanded. Indeed, ample research shows that restorative justice practices improve school connectedness by building and healing relationships, teaching positive behaviors, and helping address the root causes of behavior.¹⁷ Their adoption is also correlated with improved academic outcomes, school climate, and staff-student relationships.

Additionally, the New York State Commissioner of Education, Board of Regents, and New York State Safe Schools Task Force have highlighted the need for all students to have access to social-emotional supports, including restorative justice practices. As the Commissioner has stated: “Learning and success are not solely academic in nature; they are dependent upon the social-emotional support that school districts are required to provide. All students must have

¹⁵ Restorative justice practices are often used to encompass many different types of programming. Simply, these practices may include formal and informal processes designed to build relationships, a sense of community and consequently prevent conflict and wrongdoing. *See*, The Little Book of Restorative Justice in Education, Fostering Responsibility, Healing and Hope in Schools, Evans, Katherine and Vaandering, Dorothy; Good Books, New York, 2016; U.S. Surgeon General, Our Epidemic of Loneliness and Isolation (2023) <https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html>. “Schools can deliberately foster connectedness in a number of ways ... such steps can help all students - and not just the most vulnerable - do better.” *See* also Moriah Balingit, ‘A cry for help’: CDC warns of a steep decline in teen mental health, THE WASHINGTON POST (Mar. 31, 2022, 1:00 PM), <https://www.washingtonpost.com/education/2022/03/31/student-mental-health-decline-cdc/>.

¹⁶ CDC, Youth Connectedness Is an Important Protective Factor for Health and Well-being (last visited April 14, 2022), <https://www.cdc.gov/healthyyouth/protective/youth-connectedness-important-protective-factor-for-health-well-being.htm>.

¹⁷ *See* U.S. Comm’n on Civ. Rts, Beyond Suspensions: Examining School Discipline Policies and Connections to the School-to-Prison Pipeline for Students of Color and Disabilities, (July 2019), [Beyond Suspensions: Examining School Discipline Policies and Connections to the School-to-Prison Pipeline for Students of Color with Disabilities | U.S. Commission on Civil Rights \(usccr.gov\)](https://www.usccr.gov/reports/beyond-suspensions-examining-school-discipline-policies-and-connections-to-the-school-to-prison-pipeline-for-students-of-color-with-disabilities).

equitable access to interventions that will support their holistic academic and social-emotional development as learners and developing, contributing members of society.”¹⁸

We ask the Administration and City Council to consider an investment of \$75 million in restorative justice practices to ensure that every New York City high school have a school-based Restorative Justice Coordinator. Alternatively, at a minimum, the City must invest \$22M in maintaining and expanding the restorative justice program.

Conclusion

We must heed the call of our New York City children clamoring for schools to prioritize their mental health and well-being. The City must prioritize student mental health by putting it at the forefront of education—as the social-emotional well-being of students is intrinsically linked to academic outcome.¹⁹ The City must ensure that every student has access to timely, consistent, and sustainable mental health and social-emotional supports and services. The Mental Health Continuum, school-based mental health clinics, social workers, and restorative justice practices are important steps in the right direction.

We thank you for the opportunity to submit testimony. We are happy to answer any questions you may have.

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¹⁸ New York State Commissioner of Education, Betty Rosa, An equitable approach to student discipline (April 24, 2023) <https://www.nyssba.org/news/2023/04/21/on-board-online-april-24-2023/an-equitable-approach-to-student-discipline/>.

¹⁹ New York State Education Dep’t., Social Emotional Learning: A Guide to Systematic Whole School Implementation, <https://p1232.nysed.gov/sss/documents/GuideToSystemicWholeSchoolImplementationFINAL.pdf>.

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Urban Assembly Testimony:

Chair Joseph, Chair Lee, Chair Narcisse, Chair Schulman, and the Honorable Members of the New York City Council,

Good afternoon. Thank you for convening this hearing on the resources schools can provide for our young people. My name is Ania-Lisa Etienne, Deputy Director of Social-Emotional Learning at the Urban Assembly. The Urban Assembly supports public schools through innovative programs that build cohesive learning communities for young people, primarily through our network of 22 public schools across the city, as well as at over 45 schools in partnership with the DOE.

I am here to voice strong support for Resolution 0013 to designate the second Friday in March annually as Social and Emotional Learning Day in New York City.

SEL is a critical component of how we prepare our young people to become successful, empathetic, and responsible adults. The New York State Education Department has noted that SEL enhances academic performance, improves attitudes towards learning, and reduces classroom disruptions. New York City has made significant investments in SEL with initiatives like StrongResilientNYC implemented across all NYC public schools by the Urban Assembly.

SEL has measurable economic implications. The Center for Benefit-Cost Studies of Education at Teachers College, found that every dollar invested in SEL programs yields an eleven-dollar return. At UA schools where SEL is a priority, the graduation rate outpaces the city by 6%, 10% for Black students, 8% for Hispanic students, 5% for English Language Learners, and 18% for students with disabilities.

President Biden and Governor Hochul have both highlighted SEL's importance in our schools and communities. The UA is grateful for the support of Chair Joseph and the over 20 Council Members co-sponsoring Resolution 0013.

By supporting this resolution, the New York City Council will lead by example, sending a clear message that New York values the holistic development of its students, understands the profound benefits of SEL, and is committed to nurturing environments that enhance these vital skills.

I urge the Council to pass this resolution. Thank you for your consideration and for your commitment to the educational and emotional well-being of our next generation.

April 16, 2024

Dear Council Members,

Thank you to Chairs Narcisse, Schulman, Joseph, and Lee, as well as all the Members of the Committees, for providing us the opportunity to submit written testimony in support of Council Resolution No. 13, designating the second Friday in March annually as Social and Emotional Learning Day in the City of New York and recognizing the importance of ensuring that prekindergarten through twelfth grade public school students acquire the social-emotional competencies needed to succeed in life.

The McSilver Institute for Poverty Policy and Research at New York University is deeply invested in advancing mental health care and access to quality services across the lifecycle. As an Institute, we are committed to disrupting generational poverty through research, policy, and action. A major component of that message is conducted through our technical assistance programming for mental health institutions and providers across New York State. This work provides us with considerable insight into and understanding of the most relevant and urgent mental health issues facing individuals and communities.

One area of particular passion and concern for McSilver is the state of mental health among young people. Concerns over the mental health of young people have rightly been a focus of City and State efforts. The COVID-19 pandemic exacerbated trends that already pointed to nothing short of a crisis. The New York City Health Department¹ has noted that, in 2021, 38% of local high schoolers reported feeling so sad or hopeless during the past year that they stopped engaging in their usual activities, compared with 27% in 2011. The rate of hopelessness in 2021 was almost 50% higher for Latino and Black students than for white students, and almost 70% higher for female students than for male students. Additionally, national data reviewed by the City indicated that LGBTQ+ youth are faced with particular challenges, as they report

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<https://www.nyc.gov/assets/doh/downloads/pdf/mh/social-media-youth-mental-health-framework-action.pdf>

experiencing hopelessness at almost double the rate of their heterosexual and cisgender peers.

Given these troubling trends, McSilver has worked to provide thought leadership and direct involvement to address aspects of this crisis. McSilver Executive Director Rose Pierre-Louis has stood with State elected leaders² to call for greater regulation on social media, following a report by the U.S. Surgeon General last year that highlighted the disturbing connection between social media use and negative mental health outcomes for young people. McSilver Deputy Executive Director Dr. Andrew Cleek co-authored an op-ed for *City Limits*³ that called on the City to bolster its early childhood mental health services offerings. And McSilver's technical assistance programming is tasked with engaging the mental health provider community on numerous topics related to improving youth mental health services and outcomes.

Thus, it is with enthusiasm that we support the Council's passage of Resolution No. 13. Social Emotional Learning (SEL) is a vital developmental process that serves as the very foundation of future wellness — emotional, social, physical, and otherwise. Broader awareness of SEL as a building block for youth mental health will help highlight the importance of providing adequate resources to SEL-supportive programming and effort, as well reinforcing and spreading a greater understanding of and appreciation for youth mental health needs overall. Creating an annual day of recognition will help to focus all of the players in our childrens' lives on this important need and to expand how we can all support young people in their individual journeys.

As the Council looks to continue to develop policy that advances the goals of Resolution No. 13, we would like to bring your attention to a number of key areas to prioritize for future examination and action.

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<https://www.governor.ny.gov/news/governor-hochul-attorney-general-james-senator-gouardes-and-assemblymember-rozic-take-action>

³ Blanck, Evelyn and Cleek, Andrew. "Opinion: Improving Mental Health Outcomes in NYC Begins at Birth," *City Limits*. May 4, 2023. Online at citylimits.org/2023/05/04/opinion-improving-mental-health-outcomes-in-nyc-begins-at-birth

Based on available evidence and what we've experienced working with school-based providers, we support the City's ongoing efforts to provide mental health services through school-based clinics. As the primary center of activity for most children, schools offer a unique opportunity to bring mental health resources and solutions to individuals and communities in need. Expanding existing programs to increase their comprehensive abilities to respond to urgent and ongoing needs is a priority we strongly recommend identifying. As schools struggle with rising absenteeism and other core concerns among student populations, expanding and empowering school-based mental health services and providers are a valuable investment that the City can make in the life of young people.

Having services and programming available, however, only provides a starting point for engaging with young people. Critically, the City must develop systems that do a better job of connecting students, their families, and their communities to these opportunities. For example, the City's NYC Teenspace program, which provides teens with free online therapy through Talkspace, provides a great resource for a high-need population. By the end of 2023, about a month after launch, *The New York Times* reported⁴ that less than 1% of eligible teens had signed up for the program. In that article, mental health care providers expressed a number of concerns about the program. One remains that basic knowledge and understanding about it is still low among possible participants. Without sustained, targeted, and well-resourced efforts to ensure that those who need these services the most are not only aware, but encouraged, to take advantage of them, a large portion of the eligible population is likely to remain unserved.

Meeting people where they are remains a proven practice when providing services. The more points of contact an individual requires to acquire the services they need, the harder providers must work to keep them engaged. To this end, we would also recommend the Council take a lead in looking for opportunities for services to be bundled together to provide families the best one-stop-shop approach possible to services and programming. Mental and physical health services should be offered

⁴ <https://www.nytimes.com/2023/12/15/health/free-therapy-teens-nyc.html>

simultaneously at every point of contact with young people. Whether it's their family physician, school nurse, after school program provider, or another point in the constellation of health and wellbeing that surround them, children and their families are best served when opportunities for assistance and support are offered through each contact.

These are just a few general ways that the Council and City can make a significant impact in the lives of young people, their families, and the communities we all serve. Youth mental health is an urgent issue and we continue to applaud the Council for the ways in which it seeks to address this ongoing crisis. Embracing Social and Emotional Learning with a day of action demonstrates the City's and the Council's heartfelt commitment to closing gaps in the mental health needs of youth and children, as well as the power of educational sites to shift the conversation around mental wellness. Sustaining the work of bringing evidence-informed practices into schools and communities is the surest way to care for the generations destined to power New York City's future success.

We at McSilver stand ready to be of assistance however we can, and look forward to future opportunities to work with individual Members and the Council as a whole.

Liza, 17, Junior at Bronx Science

For the past seven years, I have been an avid student journalist. In fifth grade, I created a newspaper at my middle school, the Center School Gazette. For four years we published articles, opinion pieces, and a popular advice column. Now, in high school, I have worked on my paper, The Science Survey, for the past two years, this year serving as managing editor.

Student journalism is central part to my identity. It has made me who I am; someone who looks for stories, dives into the facts, and asks questions. Journalism can prepare students to handle controversial and loaded topics delicately and fairly. As a student journalist in middle school, I wrote a series on vaping, which I had noticed going on in the bathrooms. I had to think carefully about how to present the fact in a way that wouldn't simply make the students who vaped feel exposed and resentful. The articles helped raise student awareness of the health consequences of vapes and prompted the school to enforce policies prohibiting it.

Participation in student journalism can offer kids, who typically lack any influence over how their schools are run, a way to make change. Another article in my middle school paper looked at disparities in the role played by girls and boys in group work, spotlighting how teachers would lean on hard-working girls to lead teams, giving slackers a free ride. The story prompted a change in how groups were assigned and greater follow-up by teachers to make sure everyone was pulling their weight.

By providing a shared base of information and ideas, student journalism outlets can also foster a sense of community that unites diverse, city-wide student bodies and provides a counterweight to the polarizing effects of social media. Newspapers can be a venue to build excitement about events and to celebrate accomplishments and talents, be it in sports, writing, humor, or photography.

Student journalism has allowed me to share my voice, make change in my school, and engage with teachers, students, and the community at large. All students deserve the opportunity to write, read, explore, and tell the stories that are most important to them.

My name is Miriam Galicia, I am a current 17-year-old senior at the Institute for Collaborative Education. The school I currently attend does not have a journalism program nor a student publication. My introduction to journalism was through a college now class. Had it not been for that one class I would have never experienced journalism before going into higher education. Since then during my college search, it has been important to me that the institution that I attend has a strong outlet for student voice whether that be through podcasts, newspapers, or film. I see the lack of student voices in my school, especially regarding rules and/or changes happening in our community. It is through journalism and an adequate journalism program that a growth in community can be found in schools like mine.

TESTIMONY – NEW YORK CITY COUNCIL HEARING ON SCHOOL BASED HEALTH
CENTERS
APRIL 17, 2024
ROGER PLATT, M.D.

My name is Dr. Roger Platt, and I was director of the Office of School Health from 2003 to 2021. While I currently I serve on the board of the Community Health Care Network, I am representing myself today.

I am here today to recommend that New York City support its School-Based Health Centers by providing the funding needed for these Centers to continue to serve New York City's students. This support is required because other sources of funding, notably Medicaid, are not increasing and the number of students without health insurance including the growing immigrant population is rising.

During my tenure, with an increase in City funding, we were able to open over 40 new health centers. In addition to operating funds, New York City invested about \$80,000,000 in the construction of these new facilities. We focused on high school sites because they were larger and because adolescents are much less likely to visit physicians regularly. Targeting high school buildings also let us provide reproductive health services to students, and it contributed to the rapid decline in teen pregnancies and births over the last two decades. The new SBHCs also provide much needed mental health services.

Expanding City support for School-Based Health Centers and assuring that the current sites remain open will not have much impact on City tax levy funds because, in most cases, the presence of a health center relieves New York City of the need to provide a school nurse. With the increased reliance on contract nurses, I estimate that New York City direct and indirect nursing costs are approaching \$150,000 per school. In addition, school nurse costs do not receive a State Article 6

match, while City funds given to health centers do.

Thank you for listening, and I am happy to take any questions.

Since my sophomore year, I've been a writer for The Science Survey, The Bronx High School of Science's student newspaper. The stories I've covered and the perspective that I've gained from my time as a staff reporter are invaluable to me, and I feel that it is an absolute injustice that teens with the desire to inform the public about what they feel is worth understanding are unable to do so as a result of industry-wide neglect.

It was actually through my articles and the topics that I latched onto that my interests in art history and urban studies began to blossom, providing me with insight as to what I want to focus on going forward both in college and in my personal life. If an idea, person, or place, was important enough to dedicate a 1200-word article to, why would I not continue to cultivate that interest long after my time with it under the research lens has passed? It seems that everything I write about sticks with me long after each issue is published, and I now understand more about myself both as a creative and as a person than I would have if my school only offered traditional English classes.

The evenings I spent scouring the internet and interviewing anyone with a perspective worth sharing with our over 350,000 annual readers were some of my favorites throughout high school. The satisfaction in piecing a story together to create a final product that is not only informative but also sprinkled with reflections of the writer's personality is a feeling that is unmatched outside of journalism. And to think that over 73% of high schools in New York City do not have a school newspaper - it is not only unfair to students with stories to share with the world but also a tragedy in the sense that so many incredible writing pieces constructed by the youth are lost forever, reduced to simply "what could have been."

For the past 3 years, Talk surrounding a potential publication in my school continues to be spoken about as if it is a distant dream. I would imagine the stories we could tell and the perspectives we could share in this hypothetical newspaper that felt impossibly out of reach. I constantly wished that one day the students at my school would finally be able to share the stories that mattered to them and be able to feel heard.

I understood that our school was underfunded and I knew that there were so many details out of our control to facilitate this project, but I also knew the importance of student expression and why it was imperative to have a place to unleash this creativity.

It was until I started exploring journalism in NYC that I realized that this gap of access to journalism existed past just a couple schools. I was able to experience the power of youth voice and how capable students were of making change through their writing and talents. I realized through first hand experience that students shouldn't have to rely on the "game" of chance that journalism equity is in NYC. Students shouldn't have to get "Lucky" to start a career in journalism. Student voice is the future and it should be treated as such. like mine.

Colleges may see me as student number 347,288. As a student who goes to an urban school without a purpose. But I have a different story. I am a victim of systemic inequity, where I lack access to a journalism program. I applied to 12 high schools, nearly each with a journalism club, program, or curriculum, and I've yet to receive a slither of opportunity since. I've been told "to look harder", only to find the New York Times offering a journalism workshop for a thousand dollars per week.

I'm told to pursue my passions, and yet I'm not given the opportunity to do so. I'm told "school is where you learn the most", and yet- I'm not given the opportunity to do so. Although I'm on my way out, I do not want future young journalists to struggle the same way I did. I could've done internships, college credit, possibly even editor-in-chief. However, my playing field was sabotaged the moment I came into high school. The access to a journalism program shouldn't be a privilege- it should be a right.

[REDACTED]

From: D-Elizabeth O-Nixon [REDACTED]
Sent: Wednesday, April 17, 2024 1:45 PM
To: Testimony
Subject: [EXTERNAL] Student Testimony

[REDACTED]

For seven years, I was denied mental help by my family. The only outlet I was able to utilize was school. Now, what did I do? I developed unhealthy coping mechanisms in order to keep myself sane in school. I threatened students because of bullying, dealt with multiple breakdowns in the staircase, been sent back to class unable to even focus on my work because of the persistent mental torment of wanting to kill myself- of having depression. Three instances my school called my family to refer me to a therapist - every single time I was denied. By high school I believed I'd finally be helped! I met with the nurse and clinicians from Wediko. But of course, the state of a student's mental capacity was no longer prioritized. We lost the majority of Wediko, we had to set up referrals to visit, in fact everyone was so busy that I had to have anxiety attacks and mental breakdowns in the staircase. This year, I dealt with homelessness, falling out with friends, providing for my family. It got to me. I attempted to reach out- and what was I told? "Fix your face.", "Keep pushing", "In college you'd have to take accountability". I mentally broke down in front of the entire school, and I BEGGED for therapy, I begged to be referred to someone to help with the years of trauma from bullying and all I got from the dean was a "You don't need therapy, you just need to figure it out." I've been recommended to speak to a counselor who told me I won't get into college for using AAVE. In order to address this issue especially as a black girl, I created a personal research paper for the soapbox challenge.

I want to show a snippet in fact:

"Since the age of four, I had this peculiar habit, that no one quite knew what to do about. "Trichotillomania", the impulsive act of pulling one's hair, is a niche subject not only in research, society, but especially the black community. I was seen as a freak show at school, pulling out eyelashes one by one. Eyebrows, until I only had a faint patch of hair left. "Have you ever tried... stopping?" yes, I have. Friends would attempt to restrain my hands, believing it will reverse 13 years of hair pulling. Is it because of stress? Anxiety? Boredom? I will never know, due to the lack of research done on black girls and women regarding Trirchotillomania. Keita Joy, a motivational life coach, held a TED-Talk called "Mental Health is Declining, and Black Women are Hit the Hardest." In her speech, she delves into her own experience of developing hair pulling to deal with the stress of her father's passing. She goes into detail with her account of hiding bald spots to also hide the physical and mental shame of such coping mechanisms. Her own lack of support groups, confidant, and therapy only worsened the guilt black girls and women such as Keita Joy and I face daily. I recall- it was fifth grade. I wore this thick vibrant scarf around my forehead to cover the bald patches of my eyebrows. To the students, I was weird. But to me? It was my attempt to hide a problem I still face to this day. As you can see, I have no eyelashes."

I'm only seen as aggressive, mad and angry in school. On multiple occasions I've cried and been told by staff to hold it in and stay strong. I've lost the ability to properly cry due to the pressure and stress to keep it together in school, especially as a student with large roles within the school community. As a young black girl, my mental

stress is only disregarded as a problem that is meant to build me up, when in reality it's tearing me down. Nearly every day in 11th grade, I met with a school counselor to receive therapy outside of school after my family finally agreed. But guess what? I never received a call back, I never received an email, and I never received an intake. All because I couldn't properly access mental support within school.

My school does not, nor has ever had a journalism program.

If our school were to ever implement a journalism program, I think it would not only unlock creativity for a lot of students, but it would also allow for more connection and understanding. As a school, we are a community, and so better understanding what's happening inside our environment and community are important. They're very important issues that should be addressed not only from the staff, but from students as well. Issues in our community involving racism, sexism, colorism, violence, bullying etc. are very much present in school settings. And it is only in conversation among students, you can hear more helpful beliefs that aren't popular beliefs.

However, when these issues are addressed only by school staff, it can sometimes misinterpret student stance on issues, and also block out certain opinions. What I mean by this is that direct communication between students would promote better understanding of each other, and of the school system. For example, report card conferences. A lot of people take report card conferences as a day of stress because of how their parents may react, but the fact of the matter is that parents are not the ones taking the courses and are not in the school so they don't understand the full story behind the situation. Could you imagine a scenario where we had student teacher conferences before parent teacher conference. so the teachers can speak directly to students and advise them on how to improve their work as well as note out their strengths in class, and so that students can share with their teachers their ideal productive environment or goals they hold for that class, this way the conferences are actually more involving students and building understandings between students and staff. Since we, students, are experiencing firsthand the effects of school rules/structure.

It's important that our voices are heard as well. Instead of having staff speak for us we need more students expressing their opinions. Allowing a platform for students to genuinely speak their opinions on things that involve them but not only allow us to point out counterproductive issues in school, but also get adjust on how people actually feel about a certain event.

As a black woman of Haitian descent I've always had to justify my existence. I've had to prove I belong in predominantly white and male environments. So growing up it's been hard to get comfortable in spaces not initially intended for me or people like me. Whether it be because I was too loud or too bright or too much, I honestly don't know.

From a young age my parents instilled the mentality that 'closed mouths don't get fed' that being said I've made it my mission to speak out and demand change. I've never gone to a school that has had a journalism club or any journalism literacy that went beyond basic comma etiquette. So I never knew how to channel my advocacy interests into something productive.

It wasn't until my freshman year at Urban Assembly School for Law and Justice that I was fortunate enough to have joined SYPA (Summer Youth Podcast Academy). I learned that although my voice already had power, with the right platform I could actually make a noticeable difference.

Being able to explore journalistic opportunities outside of school has helped me better translate my seemingly insignificant chatter into something of substance. Journalism has been my stepping stone for changing systems not accepting of my fellow minorities. I've been able to move people with my words and learned experiences, all because I was given the chance. Having a journalism program at my school would make the process so much easier. Instead of focusing on how to get journalism I would be able to spend time nurturing my skill and passion for the profession itself. I'm at a time in my life where I'm meant to be exploring options for the future and learning as much as I possibly can. What better way to achieve that, than to do journalism? Instead of sitting around talking about journalism, or begging for journalism equity, I just want to be doing journalism.

For 11 years of my life, I grew up in a very Indo-Caribbean part of Queens. Richmond Hill. When I brought up the topic of career to my parents, my grandparents or my teachers they would tell me about law school or medical school. Be like my auntie and be a phlebotomist. While all are great choices, I never felt like it accurately fit me. It sat in the back of my mind until I moved to Battery Park.

Moving to Manhattan not only brought me closer to American culture, but also my passion. Pace High School had given me an opportunity I refused at first. Freshman year, I was given journalism as an elective. I was a bad student and brushed journalism off like I was here just to get a credit and in four years I'll be in college to be a phlebotomist. But my destiny changed with this faithful move.

Today as a junior in Pace High School, I'm currently Editor-In-Chief of PacerNYC. A small tight knit school in Chinatown with a small staff that runs on dependency and teamwork. Given this luck, I've found a path that I feel sound in. This choice feels normal. I'm sure I'm not the only person who can experience this as well.

There's always someone who wants to be heard, there's always someone who wants to help others be heard. But without the right resources, how can someone come to the realization that they can expand on that for the rest of their lives?

With faith and luck, student journalism was able to find me and pull me out of the path of misery I was on. I want to ensure that other students have the same opportunity I had. Please support this resolution in support of youth journalism equity and Journalism for All.

As a Hungarian-American high school student, I have witnessed firsthand a crumbling democracy.

Hungary is currently under a political assault by its leaders - and no one in-country can freely write about it. By utilizing shrewd political and financial moves, the government's grip on both private and public media continues to tighten with each passing year.

This personal connection, and its effect on my extended family, has single-handedly ignited my passion for youth journalism.

My New York City school has provided me with a forum of freedom that, in Hungary, is unfathomable. As the current Copy Chief of my school's newspaper, The Science Survey, I have the crucial role of sharing the stories that those in other parts of the world cannot. But it's not just about me. It's about and for the myriad of students - future athletes, musicians, politicians, and scientists - who contribute to our paper. It's a space where every student can learn to share their ideas, a skill that is fundamental to future endeavors in all fields.

The revitalization of youth publications is not just a desire, but a necessity. Adults such as yourself must urgently equip the forthcoming generation with the ability to discern between opinion and fact and, most importantly, maneuver through the complexity of today's media environment.

The ability to express myself is not one I take for granted - and you shouldn't either.

Had I not become a member of my school newspaper, I would not be submitting this testimony. Besides the obvious fact that my positive experience in a journalism program provides substance for my testimony, journalism has made me more ambitious and outspoken, giving me the tools necessary to challenge and criticize the world around me. In short, high school journalism has cultivated me into a change-maker who's confident in making their voice heard.

The newsroom is a classroom in its own right. Being editor-in-chief of my school paper taught me how to communicate effectively, to be perceptive to the things happening around me, and to manage a team.

Before joining the paper in my junior year, there was no paper. Without an advisor and support from school administration, The Beacon newspaper had fallen into a decade-long hiatus. Recovering from that hiatus was difficult, and to this day I'm working to fight against censorship.

My story is not an isolated incident. Most high schools in NYC don't have newspapers, despite NYC being regarded as a beacon for news media. In an era marked by instability and chaos, who will be our future storytellers? When only 7% of NYC schools with the highest poverty rates have newspapers, how can we expect that the stories that must be told, will be told?

School newspapers are transformative, and more important than ever to students and the world they live in.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Adria Cruz

Address: new York, 10034

I represent: NYSBH Foundation

Address: _____

34

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: Jack Dolgin

Address: _____

I represent: Unaffiliated

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: #5 Samantha Jimenez - student, youth 1/17 panel

Address: _____

I represent: Generation Citizen

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: (#3) Josslyn Cancela - student, youth panel

Address: _____

I represent: Generation Citizen

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: (#2) Stephen Baumgarten - teacher, youth panel

Address: _____

I represent: Generation Citizen

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: (#1) Christina Karahisar Ildis - Youth Panel

Address: _____

I represent: Generation Citizen

Address: _____

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: Caitlin Garbo

Address: _____

I represent: NAMI - NYC

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: #4 Fatumata Barry - student, youth

Address: _____ panel

I represent: Generation Citizen

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: Michael Fagan

Address: _____

I represent: Ryan Health

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Naphtali Moore

Address: _____

I represent: Advocates for Children of New York

Address: 151 West 30th Street, 5th Floor, NY 10001

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

Date: _____

(PLEASE PRINT)

Name: Erin Verma

Address: 100 Madison Ave

I represent: Community Healthcare Network

Address: 100 Madison Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

Date: 4.17.24

(PLEASE PRINT)

Name: Ania Lisa Ethenne

Address: _____

I represent: The Urban Assembly

Address: 90 Broad St, NY, NY

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. 0341
 in favor in opposition

Date: April 17, 2024

(PLEASE PRINT)

Name: Teresa Gincor Davis

Address: _____ Brooklyn 11213

I represent: Suicide Call/Thelassanna Patients

Address: _____ Networks

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THE CITY OF NEW YORK**

Appearance Card

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

Date: _____

(PLEASE PRINT)

Name: Fiodhna D. GRADY

Address: _____

I represent: Samaritans Suicide Prevention

Address: Center

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Appearance Card

[]

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

Date: _____

(PLEASE PRINT)

Name: Casey STARK

Address: _____

I represent: Samaritans Suicide

Address: Prevention Center

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THE CITY OF NEW YORK**

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: KUMARU CRUZ

Address: _____

I represent: SAMARITANS SUICIDE

Address: PREVENTION CENTER

**THE COUNCIL
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Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Alice Bufkin

Address: 17 Wall St 9E New York NY 10005

I represent: CITIZENS' COMMITTEE FOR CHILDREN

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Gillian Smith

Address: Executive Director of School Counseling

I represent: Programs

Address: NYCPS

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sally Frank
Address: Director of Planning and Policy for
Family and Child Health
I represent: _____
Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Erica Smith
Address: Director of School Mental Health
Office of School Health
I represent: _____
Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Lorraine Tjezzi
Address: Director of the Adolescent Health Unit
Office of School Health
I represent: _____
Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rebecca Stefanos

Address: Director of Strategic Partnerships, School

I represent: Mental Health Program

Address: NYCPS

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Earl Adman

Address: Executive Director of Nursing

I represent: Office of School Health

Address: NYCPS

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 02/17/24

(PLEASE PRINT)

Name: Johanna van Maack

Address: [Redacted] NY 11207

I represent: CUNY Students

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 4/17/2024

(PLEASE PRINT)

Name: Erin Lawson

Address: _____

I represent: New Yorkers for Higher Ed Ending Justice

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Roger Platt MD

Address: _____ New York NY 10024

I represent: Myself

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jason Hansman

Address: Senior Advisor of Behavioral Health
Communications and Policy

I represent: _____

Address: NYC H+H

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

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Ted Long, MD, MHS

Address: Senior Vice President for Ambulatory Care and

I represent: Population Health

Address: NYC H+H

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Marnie Davidoff

Address: Assistant Commissioner of Mental Hygiene

I represent: Bureau of Children, Youth and Families

Address: NYC DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Leslie Hayes

Address: Deputy Commissioner for Family and

I represent: Child Health

Address: NYC DOHMH

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 4/17/24

(PLEASE PRINT)

Name: Edward McCabe

Address: 475 Seneca Ave SI NY 10305

I represent: SIBH/Northwell Health

Address: 475 Seneca Ave SI NY 10305

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rachel Evans

Address: [Redacted] New York, NY 10035

I represent: The Institute for Family Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: David Appel

Address: [Redacted] 10570

I represent: Myself

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: April 17, 2024

Name: Christine Schuch (PLEASE PRINT)

Address: UFT

I represent: UCS

Address: Via Zoom

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 4/17/24

Name: LINDA CARMINE, MD (PLEASE PRINT)

Address: 200 E 66th ST NY NY 10065

I represent: Northwell - Cohen Childrens

Address: _____

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