

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of

THE COMMITTEE ON HOSPITALS

Jointly with

THE COMMITTEE ON HEALTH,

THE COMMITTEE ON EDUCATION,

And

THE COMMITTEE ON MENTAL
HEALTH, DISABILITIES, AND
ADDICTION

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April 17, 2024

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HELD AT: COUNCIL CHAMBERS, CITY HALL

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Lynn C. Schulman, Chairperson
Rita C. Joseph, Chairperson
Linda Lee, Chairperson

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COMMITTEE ON EDUCATION; COMMITTEE ON MENTAL HEALTH,
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1
2 SERGEANT AT ARMS: Good afternoon, and welcome to
3 today's New York City Council joint hearing for the
4 Committees on Health; Mental Health, Disabilities,
5 and Addiction; Hospitals; and Education.

6 At this time, we asked you to silence all cell
7 phones and electronic devices to minimize disruptions
8 throughout the hearing. If you have testimony you
9 wish to submit for the record you may do so via email
10 at testimony@council.nyc.gov. Once again that is
11 testimony@counsel.nyc.gov. At any time throughout
12 the hearing, do not approach the dais. We thank you
13 for your kind cooperation. Chairs, we are ready to
14 begin.

15 CHAIRPERSON NARCISSE: Thank you everyone for
16 being here. Good afternoon. I am Councilmember
17 Mercedes Narcisse, Chair of Hospitals Committee.
18 Thank you to Chair Schulman, Chair Lee, Chair Joseph,
19 for joining me today for our oversight hearing on
20 school-based health and mental health centers.
21 Providing convenient, high-quality health and mental
22 health care to our city's youth is a collaborations
23 effort, and we are glad to have the opportunity to
24 work with the Committees on Health, Education, and
25 Mental Health, Disabilities, and Addiction at this

1 hearing to ensure that vital care is being
2 administered effectively.

3
4 School-based health centers are medical health
5 centers that offer a wide variety, an array of free
6 medical services to students, regardless of their
7 insurance coverage, or immigration status. In
8 addition to being located conveniently at their
9 schools, the centers provide primary and preventive
10 health care to patients, including first aid care,
11 screenings and vaccinations for various medical
12 conditions; physical examinations; medication
13 prescriptions; drug counseling; age-appropriate
14 reproductive health services; health education; and
15 in some cases, even dental care.

16 The health centers also offer mental health
17 supports, including crisis intervention services,
18 which often coincide with the services being offered
19 at school-based mental health clinics. The mental
20 health clinics at schools offer therapy, psychiatric
21 assessment, and case management services.

22 According to the Department of Health and Mental
23 Hygiene, New York City boasts about 138 clinics like
24 this, spread across 334 public schools, serving
25 150,000 students. While these numbers may seem

2 substantial at first glance, they underscore a
3 sobering reality: Over 41% of our schools either
4 lack access to these vital healthcare hubs, or share
5 one center among multiple schools co-located in the
6 same building. And I have to say traditionally,
7 those schools are underserved communities where you
8 see them the most.

9 Additionally, the available SB-MHS offering on-
10 site mental Health Services is even more scarce,
11 exacerbating the challenges faced by our students in
12 accessing crucial mental health support. And we all
13 know is very important, especially, post-COVID height
14 of the pandemic, because we still have cases of COVID
15 going around.

16 Moreover, the current system, bureaucratically,
17 hurdles pose formidable barriers to students seeking
18 primary care. The prerequisite of enrolling students
19 in their schools, SB-HSCs before they can access
20 basic health care is an unnecessary impediment,
21 placing undue strain on families and further delaying
22 essential medical attention.

23 Providing comprehensive healthcare is a necessity
24 more than ever and mental health supports. We have
25 seen it on our streets. We have seen it on our

2 subway stations. We have seen it all over where
3 young folks are working, talking to themselves. It
4 is sad for me, as a nurse, seeing the needs, it's
5 most importantly important, more than ever in our
6 community. It will only serve to improve students.
7 Those are the reasons, the well-being of our
8 children, our youth, their education, and their
9 futures. Practically, those features are in our
10 hands.

11 We are dedicated to delivering access to
12 healthcare resources at school, and we look forward
13 to learning about the administration of the school-
14 based health and mental health options, including
15 what works, what doesn't work, and what should be
16 expanded for utilization by other students across our
17 city. These are our responsibility.

18 With that, I will now turn to Chair Joseph. Or,
19 before I do so, I would like to turn to Chair Joseph.
20 Before that, I want to say thank you to all of you
21 for being here, because with your help, we will
22 address the inequity that we need to address in New
23 York City. So, thank you now we'll turn it over to
24 my colleague Chair Joseph.

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2 CHAIRPERSON JOSEPH: Thank you, Chair Narcisse.
3 I'd like to recognize Chair Narcisse, Schulman, Lee,
4 Menin, Louis, Zhuang, Mar-- Marmorato (I'm going to
5 get it), Feliz, Hanks, Public Advocate, Mealy, and
6 Palladino, and Gennaro on Zoom.

7 Before I continue, I'd like to recognize CUNY law
8 students that are here present with Ben Max today,
9 and the students from LTW. I see you. I see you.

10 Thank you, Chair Narcisse, and thank you for
11 inviting the Committee on Education to join the
12 Committees on Hospital, Health, and Mental Health,
13 Disabilities, and Addiction, for this very important
14 hearing.

15 I'm Rita Joseph, Chair of the Education
16 Committee. Thank you to everyone who's planning to
17 testify today. I'm very much looking forward to
18 hearing your testimony. School-based mental health
19 centers-- school-based mental health clinics are a
20 critical role in increasing access to quality,
21 comprehensive, coordinated primary care for children
22 and adolescents, especially in underserved
23 communities located on-site in schools. They reduce
24 financial, geographic and transportation barriers to
25 health care. As a result, these health centers and

2 mental health clinics are powerful tools in advancing
3 health equity. Moreover, studies have shown that
4 health centers and mental health clinics increase
5 adolescents' use of health care. Many teenagers are
6 reluctant to seek health care in a traditional
7 medical setting, especially if it's related to sexual
8 and reproductive health, substance abuse and mental
9 health concerns, for a number of reasons such as cost
10 and confidentiality.

11 Increasing and improving access to medical,
12 mental, behavioral, dental, and vision care to
13 students maximizes their opportunity to learn and
14 grow. Health centers and mental health clinics also
15 promote a culture of health across the school
16 community and coordination across relevant systems of
17 care. Moreover at past Education Committee hearing,
18 including last month's hearing on the preliminary
19 budget, students themselves have testified to the
20 importance of access to mental health services in our
21 city, post pandemic. It is therefore concerning to
22 hear reports of closures rather than opening of these
23 health centers and mental health clinics. And it is
24 especially concerning that it appears that these
25

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2 closures are happening with little to no input from
3 the school communities that they want served.

4 At this hearing. I'm interested in gathering
5 data: Data related to how many of these health
6 centers and mental health clinics exist, who are they
7 serving, and how are they being served. I'm also
8 interested in understanding decisions to close such
9 health centers and mental health clinics, including
10 what data was taken into account, and what, if any,
11 mitigation efforts were undertaken, and where
12 representatives made aware.

13 Lastly, I'm interested in learning how students
14 and their families were made aware of these vital
15 services and any plans to expand across the five
16 boroughs. Thank you to the committee staff as well
17 as my own staff for all of the work they put into
18 this today's hearing.

19 I also would like to recognize Councilmember
20 Hanif and Moya on Zoom. I'll now turn it over to
21 Chair Schulman.

22 CHAIRPERSON SCHULMAN: Thank you Chair Joseph.
23 Good afternoon, everyone. I'm Councilmember Lynn
24 Schulman, Chair of the New York City Council's
25 Committee On Health. I want to thank Chairs

2 Narcisse, Joseph, and Lee for holding this important
3 hearing with us today on school-based health centers
4 and mental health clinics. In addition to discussing
5 school-based health centers and their critical
6 importance as sources of healthcare for many students
7 in New York City public schools, especially those who
8 lack access to primary care, today's hearing is an
9 opportunity to gain a better understanding of DOHMH's
10 role in overseeing and managing these centers. It is
11 also an opportunity to examine the state of pediatric
12 health across New York City, and how school-based
13 health centers are a critical component in
14 establishing from an early age good habits and
15 routines in visiting with healthcare providers and
16 maintaining a healthy lifestyle.

17 Earlier this year, the council enacted my
18 legislation to require the Department of Health and
19 Mental Hygiene to develop Healthy NYC, a five-year
20 population health agenda for the purpose of improving
21 public health outcomes, addressing health
22 disparities, and improving quality of and access to
23 health care for New Yorkers to increase their life
24 expectancy and improve health.

2 According to DOHMH life expectancy in New York
3 City has dropped dramatically from 82.6 years in 2019
4 to 78 years in 2020. This represents the biggest and
5 fastest drop of lifespan in a century. The largest
6 decreases in life expectancy were among black and
7 Latino New Yorkers. For Black New Yorkers, the
8 pandemic worsens existing disparities through Healthy
9 NYC, DOHMH seeks to increase life expectancy by 2030,
10 reduce health disparities lower the number of cancer,
11 heart disease and diabetes related deaths, reduce
12 added sugar and salt in our food supply, and increase
13 access to health care and coverage among other goals.

14 As DOHMH works to achieve these goals and must
15 work in deep partnership with H+H, our city's
16 hospitals and health care providers, and the
17 Department of Education to ensure that our children
18 are given the best possible opportunity to live long
19 and healthy lives.

20 Realizing these goals will require that we
21 address environmental health hazards like PM2.5,
22 tobacco smoke, and lead; that we improve access to
23 high quality and healthy foods in low income
24 neighborhoods; and that we expand access to peer
25 supports and resources to reduce the likelihood of

2 developing type two diabetes and heart disease. The
3 rate of type two diabetes is at crisis levels in New
4 York City, and it's well past time that we act to
5 eliminate the root causes of type two diabetes in our
6 communities.

7 We must also invest in our communities and work
8 to reduce the prevalence of childhood asthma and CLRD
9 in our city, especially in areas like Mott Haven in
10 the Bronx.

11 School-based health clinics and our public
12 schools can and should be a strong partner in
13 eliminating health disparities, educating our
14 children on how to care for themselves, and when to
15 see a healthcare provider, educating parents and
16 caregivers on healthy eating habits, and providing
17 access to healthy lunches and snacks to students.

18 I want to highlight the newly-released citywide
19 diabetes reduction plan published by DOHMH, pursuant
20 to my legislation that the Council enacted last year.
21 I am excited today to discuss this plan, and how
22 DOHMH considers school-based health clinics and in our
23 public schools as part of the equation in reducing
24 the incidence of type two diabetes in our city by 5%
25 by 2030.

2 The fight for longer lives begins at birth. As a
3 breast cancer survivor, and as Chair of the Committee
4 on Health, I am committed to ensuring that everyone
5 in New York City has access to high-quality health
6 care regardless of their zip code or financial
7 status. I believe that health care is a human right.
8 Social, environmental and economic burdens contribute
9 to the wide gaps in health outcomes for children
10 across the city, particularly for children of color
11 and in low-income communities. Eliminating health
12 disparities requires a comprehensive approach and
13 critical investments in public health.

14 I look forward to a continued partnership between
15 this Council and the Administration to realize the
16 vision of a healthier New York City. I am hopeful
17 that today's hearing will generate new ideas for
18 collaboration amongst city agencies to promote
19 healthier and happier lives for our children.

20 In closing, I would like to thank the
21 representatives from the administration for being
22 here today and testifying, as well as my staff:
23 Chief of Staff, Jonathan Boucher, Legislative
24 Director Kevin McAleer, Legislative Fellow, Andrew
25 Davis, and Communications Director Jessica Siles,

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2 and the Health Committee Staff, Christopher Pepe,
3 Sarah Sucher, and Mahnoor Butt, for their work on
4 this hearing. I will now turn it over to Chair Lee
5 for her opening remarks.

6 CHAIRPERSON JOSEPH: Good afternoon. Oops.
7 Hello? Okay, you guys can hear me? All right.
8 Don't worry, I'm the last year to go. So, I'll get
9 this moving along.

10 Good afternoon. My name is Linda Lee, Chair of
11 the Committee on Mental Health, Disabilities, and
12 Addiction. And I would like to begin by thanking my
13 colleagues, of course, Chair Narcisse, Chair
14 Schulman, Chair Joseph, and everyone else who's
15 joined us today for this important oversight hearing.

16 Among the two pieces of legislation we're also
17 hearing today, I'm proud to be a sponsor of Chair
18 Joseph's Resolution 13, which would designate the
19 second Friday in March as "Social and Emotional
20 Learning Day" to recognize the importance of ensuring
21 that New York City public school students acquire the
22 social and emotional competencies that they need to
23 succeed in life.

24 So, according to NAMI, which is the National
25 Alliance on Mental Illness, one in six, one in six

2 young people between the ages of 6 and 17, experience
3 a mental health disorder each year, with half of all
4 conditions beginning by age 14.

5 Undiagnosed, untreated or inadequately treated
6 mental health conditions can significantly interfere
7 with a student's ability to learn, grow, and develop.
8 Since children, as we all know, spend so much of
9 their productive time in educational settings,
10 Schools offer a unique opportunity for early
11 identification, prevention, and interventions that
12 serve students where they already are. Thus, the
13 value of school-based health centers that offer
14 mental health services and school-based mental health
15 clinics cannot be overstated, because we all know
16 that our kids spend so much time in the school
17 building.

18 By removing barriers such as transportation,
19 scheduling conflicts, and stigma, school-based mental
20 health services can help students access vital
21 supports. In her state of the state speech in
22 January, Governor Hochul highlighted school-based
23 services as a key aspect of her mental health
24 approach, and claimed that every school that wants a
25 mental health clinic will get one. Now listen to the

2 next sentence: She has allocated \$20 million for
3 schools to open satellite mental health clinics.

4 So, yes, we're thankful. But if we had all
5 schools that wanted mental health clinics, we know
6 that we're going to need a lot more investments than
7 \$20 million. So, I just wanted to say that so we are
8 concerned about the shortfalls of the funding and how
9 this is all going to get funded.

10 While the investment will provide \$25,000 in
11 startup funds for providers to start satellite
12 clinics to schools (which by the way, I will say: an
13 average salary of a mental health social worker
14 starting out from grad schools about maybe \$55 or
15 \$60, so we're talking about \$25,000 in starting
16 funds, right?) This number pales in comparison to
17 what is actually necessary to construct, develop,
18 hire, and run these clinics in an impactful way.

19 The health and well-being of our youth cannot be
20 understated. Early identification and effective
21 treatment for children and their families can make a
22 huge difference in the lives of those with mental
23 health conditions, and we must take steps that enable
24 all schools to increase access to appropriate mental
25 health services.

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2 So, today, we look forward to hearing from the
3 administration and members of the public, and other
4 interested stakeholders who have taken the time to
5 come and join us today. So, we thank you all for
6 being here. And I'd like to thank my staff as well
7 as our committee staff members who've worked so hard
8 to prepare this hearing. And finally, I'd like to
9 thank the Mental Health, Disabilities and Addiction
10 Committee staff. We have our Legislative Counsel
11 Sarah Sucher, Senior Legislative Policy Analyst
12 Christie Dwyer, Rose Martinez, Assistant Deputy
13 Director of Data Operations, and Daniel Glants, who's
14 sitting back over here, our Financial Analy--
15 Analyst. Sorry. All who have amazing, great, lived
16 experience and professional experience as well. I
17 just wanted to add that.

18 And I also wanted to recognize we've also been
19 joined by Councilmember Botcher as well as
20 Councilmember Ariola. Oh, yes. And I will now turn
21 it over to the Public Advocate. I always get to
22 introduce you Public Advocate at these hearings. So,
23 I will now turn it over to the Public Advocate to
24 make his statement.

25

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2 PUBLIC ADVOCATE WILLIAMS: Thank you, Madam
3 Chair. I know everyone was praying for at least one
4 more opening--

5 CHAIRPERSON JOSEPH: One second. I think some of
6 the Councilmembers are here that we did not
7 acknowledge: Mealy and Cabán is here. Thank you.

8 PUBLIC ADVOCATE WILLIAMS: Thank you. I was just
9 saying that I know everyone is praying for one more
10 opening, and I'm happy to answer your prayers right
11 now.

12 Good afternoon. Peace and blessings, love and
13 light to everybody. My name is Jumaane Williams, and
14 I'm the Public Advocate of City of New York. I want
15 to thank the Chairs and the members of Committees on
16 Health, Hospitals, Education, and Mental Health,
17 Disabilities, and Addiction for holding this hearing
18 today and allowing me the opportunity to testify and
19 to congratulate you all, as I'm sure you're aware,
20 and I'm sure it's a pure coincidence, the Mayor
21 announced right when we're starting that we were
22 opening 60 mental health clinics in New York City
23 Public Schools. I'm sure it is a pure coincidence
24 announcing at the same time, but congratulations.

25

1
2 Exacerbated by the COVID 19 pandemic students
3 continue to experience high level of stress and
4 trauma. Factors compounded by the sudden loss of
5 routine, the gradual return to in-person learning,
6 and social, emotional and behavioral setbacks.

7 As we know many students rely on schools for
8 educational and behavioral services and for some
9 students school is their only reliable source of food
10 and healthcare. Too often, however, students feel
11 unsafe and unsupported in schools. Reliance on
12 policing models for school safety perpetuates a cycle
13 of violence, victimization, and exclusion feeding the
14 school-to-prison pipeline.

15 This costly infrastructure disproportionately
16 impacts students of more color and studies have
17 linked youth violence to poverty, neglect, violence
18 in the community, distrust between students and
19 school staff, trauma, victimization of students by
20 educators, often in the name of discipline, and a
21 lack of student support and extracurricular
22 activities. Black students represent 49% of all
23 school-based NYPD interventions, even though black
24 young people make up only 26% of the student
25 population.

2 We must move away from this kind of model and
3 instead adopt a healing-centered approach to ensure
4 all students, staff, and families are and feel safe,
5 supported, and seen.

6 I want to point out that the possible solutions
7 have been around for decades in some of the same
8 schools and the same neighborhoods. If that was the
9 solution, it probably would have worked by now.

10 Public schools are the main youth mental health
11 system in our city, and an audit published last year
12 by the State Comptroller found that too many public
13 schools are understaffed with mental health
14 professionals, are not adequately trained staff, and
15 only a few have services readily available. It also
16 showed that the DOE struggled to provide little
17 oversight to ensure students receive the required
18 mental health instructions critical to developing
19 their awareness and resilience. Further, the
20 majority of schools did not meet the recommended
21 ratio of school counselors and social workers to
22 students, and many schools lack of full time school
23 nurse. Advocate students, families, and educators,
24 and school staff have long pushed for a healing-
25 centered framework in our city schools.

2 A healing-centered approach to education
3 recognizes that students are often sites of trauma
4 for students and takes affirmative steps to ensure
5 that all staff, students, and families feel and are
6 safe, supported, and seen. While there is some
7 research on implementing healing-centered frameworks
8 from 3K to 12, studies on healing-centered
9 pedagogical programs such as restorative justice, or
10 mindfulness-based education underscored the necessity
11 of healing-centered approaches. Mindfulness-based
12 education and restorative justice are part of a
13 broader shift in the field of education, and centers
14 the well-being of school communities.

15 Restorative justice practices are associated with
16 decreased violence or disruptive incidents, increased
17 self-esteem and pro-social behaviors, decreased rates
18 of suspension and expulsion, and gains in attendance
19 and credit accrual. Studies on mindfulness-based
20 education have shown that it improves working memory,
21 attention, academic skills, social skills, emotional
22 regulation, and self-esteem, as well as reported
23 improvements in mood and decrease in anxiety, stress
24 and fatigue across the nation, one of the biggest
25 groups we've seen an increase in violence is with

2 young people, which is probably directly connected to
3 the lack of support they're receiving in schools and
4 other places.

5 Our students need more support. Yet despite
6 this, the Adams administration is proposing even
7 further cuts of hundreds of millions of dollars from
8 our school-- public school budget. Addressing the
9 mental health needs of young people is an essential
10 investment in the future of New York. With the
11 influx of asylum seekers, students, New York City
12 should be a lock allocating more funding, not less to
13 support this vulnerable population. Thank you.

14 CHAIRPERSON NARCISSE: Thank you. Thank you to
15 all my colleagues, Chair Joseph, Chair Schulman, and
16 Lee. Thank you Public Advocate Jumaane Williams.

17 I would like to recognize that we have been
18 joined by Councilmember Sanchez. And I hope I have
19 everybody covered. Everybody covered? Feliz was
20 covered? Yeah, Feliz.

21 With that I will now invite the Administration to
22 over offer their testimony as soon as the Committee
23 Counsel administers the oath. Thank you.

24 COMMITTEE COUNSEL: We will now hear testimony
25 from the Administration. Before we begin, I will

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2 administer the affirmation. Panelists, please raise
3 your right hand. This includes the folks who are
4 here for Q&A.

5 I will read the affirmation once and then call on
6 each of you individually to respond.

7 Do you affirm to tell the truth, the whole truth
8 and nothing but the truth before this committee and
9 to respond honestly, to councilmember questions?

10 PANELISTS: I do.

11 COMMITTEE COUNSEL: Thank you.

12 CHAIRPERSON NARCISSE: All right, once now, we
13 have Dr. Leslie Hayes, Deputy Commissioner for Family
14 and Child Health. We have Mornie Davidoff. Did I
15 say it right? No?

16 ASSISTANT COMMISSIONER DAVIDOFF: Marnie Davidoff.
17 Thank you.

18 CHAIRPERSON NARCISSE: Marnie. Okay. Thank you.
19 Sally Frank. Thank you. Erica Smith. Lauren
20 Tietze. Rebecca Suffrenus. I hope I said right.
21 Thank you. Gail Admin. Gillian Smith. Ted Long.
22 And Jason Harsman.

23 MR. HANSMAN: Uh, Hansman.

24 CHAIRPERSON SCHULMAN: Hansman. Oh, sorry. It
25 looks like an R. Thank you.

2 So, now, we're going to start with Dr. Long. Dr.
3 Hayes. Sorry, Dr. Hayes. Because I had Dr. Hayes
4 first. So-- You see when you're friends, that's
5 what happens. Dr. Hayes?

6 DEPUTY COMMISSIONER HAYES: Good afternoon. Good
7 afternoon Chairs Schulman, Lee, Joseph, Narcisse, and
8 members of the committees. I am Dr. Leslie Hayes,
9 Deputy Commissioner for the Division of Family and
10 Child Health at the New York City Department of
11 Health and Mental Hygiene Health Department. Thank
12 you for the opportunity to testify today. I am
13 pleased to be here with my colleagues to discuss the
14 Health Department's role in establishing, supporting,
15 and overseeing school-based health centers and mental
16 health clinics in New York City schools.

17 Early in my career, I served as the medical
18 director for a network of school-based health
19 centers. I know these centers well and care deeply
20 about their work.

21 First, I want to explain the role of the Office
22 of School Health before I move into the subject of
23 our hearing today. The Office of School Health is a
24 joint office between the New York City Health
25 Department and New York City Public Schools. School

2 Health works hard to promote the health of 1 million
3 children in 2000 public and non-public schools in New
4 York City every day. Among other responsibilities,
5 School Health supports school-based health centers
6 and mental health clinics by providing training and
7 on-site technical assistance for operations,
8 management, billing, and implementation of best
9 practices. School Health ensures adherence to
10 policies, including chronic illness care,
11 communicable disease reporting, immunization
12 compliance, and nursing coverage needs. School
13 Health monitors or contracts and memorandums of
14 understanding. They also liaise with all providers,
15 the State Department of Health, State Office of
16 Mental Health, and School Construction Authority on
17 initiating and oversight of new and current clinics.

18 Now, I will provide background on school-based
19 health centers and mental health clinics.

20 School-based health centers and mental health
21 clinics are two distinct entities with different
22 regulatory environments and operations. The Office
23 of School Health provides programmatic oversight of
24 both the school-based health centers and the mental
25 health clinics. The State Department of Health and

2 Office of Mental Health regulates the clinical
3 standards and licensure of these entities. They
4 represent a unique collaboration between healthcare
5 providers, schools, and both state and city
6 government to support the health of young people in
7 high-need communities.

8 Operations for these entities rely heavily on
9 Medicaid reimbursement, as well as city tax levy,
10 state funds, and philanthropic investments.

11 School-based health centers were established in
12 New York State's public health law, Article 28 and
13 are licensed by the State Department of Health. I
14 will refer to these as Article 28 facilities moving
15 forward.

16 Article 28 facilities are located in school
17 buildings and provide comprehensive medical care to
18 students, including primary, preventive, acute, and
19 chronic care. They also provide referrals as needed.
20 Schools with Article 28 sites offer comprehensive
21 services. They are staffed by a multidisciplinary
22 team of medical providers, medical assistants, social
23 workers, mental health providers, and nurses. Many
24 include health educators, and some facilities have
25 part-time dental care providers. Insurance is billed

2 as appropriate, but students are guaranteed care with
3 no out-of-pocket costs regardless of their insurance
4 status.

5 There are currently 138 Article 28 facilities in
6 New York City that serve over 150,000 students across
7 333 Public Schools. Criteria for facility location
8 prioritizes large schools with high Medicaid
9 enrollment, high temporary housing status, high
10 disease burden in the school community, and location
11 in Taskforce on Racial Inclusion and Equity
12 neighborhoods known as TRIE neighborhoods.

13 The majority of current locations are in TRIE
14 neighborhoods. Article 28 facilities play an
15 essential role in increasing health care access for
16 school aged youth, which improves health outcomes,
17 quality of life, and health equity. They are
18 particularly powerful tools for improving access to
19 reproductive healthcare. Teens can access age-
20 appropriate confidential, sexual, and reproductive
21 health services, including on site dispensing of
22 contraceptives, and HIV and STI screening and
23 treatment.

24 Furthermore, we have found that students follow
25 up more consistently with Article 28 referrals than

2 community referrals and students with access to
3 Article 28 facilities often have higher immunization
4 rates than students who do not.

5 So, these critical facilities face significant
6 challenges in sustaining operations. We are all
7 aware that the United States healthcare system
8 inherently poses barriers to providing care to those
9 who need it most. In Article 28 facilities, we see
10 many of the same struggles seen throughout the
11 healthcare system. The financial sustainability for
12 Article 28 facilities is tenuous because of high
13 startup capital costs, recruitment challenges, low
14 reimbursement rates, and pending Medicaid changes.

15 Article 28 facilities are primarily funded
16 through Medicaid, and we have serious concerns about
17 the state's plan to transition all school-based
18 health centers into Medicaid managed care. This
19 transition will mean losing millions in funding and
20 significantly jeopardizing the future of Article 28
21 facilities. The health department, alongside
22 advocates from across the state, have urged the state
23 for years to permanently carve school-based health
24 centers out of Medicaid managed care. The governor
25 has vetoed legislation that would accomplish this for

2 the last three years. The state legislature
3 continues to support school-based health centers and
4 has introduced legislation for a permanent carve out
5 again this year. We urge the Council to join us in
6 advocating for the safeguard of these critical
7 resources.

8 I will now discuss school-based mental health
9 clinics. These facilities were established in New
10 York's mental health hygiene law Article 31 and are
11 licensed by the State Office of Mental Health. I
12 will refer to these as Article 31 facilities moving
13 forward.

14 Article 31 facilities are standalone mental
15 health clinics in schools that offer mental health
16 and treatment services. While Article 28 clinics may
17 offer health services, Article 31 clinics exclusively
18 offer mental health care. All schools have mental
19 health services in some capacity to support the
20 emotional well-being of children and families.

21 Article 31 clinics are part of this universe of
22 resources and are most appropriate for certain
23 communities. These clinics provide individual family
24 and group therapies, crisis and psychiatric
25 assessment, and 24-hour crisis coverage for students.

2 Article 31 clinics have highly trained mental health
3 providers that serve as a resource for school staff
4 and families, and supplement other New York City
5 public school Will supportive services. They are
6 designed to have the capacity to serve all students
7 in the building who needs service, which allows for
8 no wait list. They are primarily funded through
9 Medicaid reimbursement.

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

23 Article 31 clinics require low capital costs to
24 open, which is a major advantage. These are
25 standalone mental health clinics and do not require

2 construction or medical equipment. The city's
3 portfolio of Article 31 clinics is expanding. Ten
4 new clinics were approved to open this year and 19
5 new clinics are in the approval process right now,
6 including the clinics in the Bronx and Brooklyn that
7 were announced today.

8 The city's mental health plan calls for opening
9 more Article 31 clinics where they are needed and the
10 Health Department is working tirelessly to do so. We
11 look forward to working with the Council to continue
12 this process-- progress. I'm sorry.

13 We are excited by the governor's recent
14 announcement to provide startup funding for new
15 Article 31 mental health clinics. The health
16 department is ready to is already helping establish
17 new clinics this year with this funding and look
18 forward to the release of more funds. Furthermore,
19 we are pleased that the State has recently increased
20 Medicaid reimbursement rates for school-based Article
21 31 clinics. We are encouraged by growing state
22 support for these critical facilities.

23 Long term sustainability is dependent on the
24 State maintaining and growing these investments over
25 time. I will speak to Introduction 341 of 2024,

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1
2 which will require the Office of School Health to
3 collect and report the number of students with known
4 diagnoses of sickle cell disease or trait. The
5 Health Department supports the intent of this
6 legislative legislation. However, we would like to
7 work with the Council regarding some of the technical
8 challenges that we have identified.

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

11 CHAIRPERSON NARCISSE: I want to say thank you
12 for your time, and thank you for the testimony.
13 Before I even get to any question. Tell us a little
14 bit about the release of the 16 clinics. Chair? Can
15 you tell us a little bit about it? That just
16 announced-- the new-- new announcements for today?

17 DEPUTY COMMISSIONER HAYES: I don't have any
18 information.

19 CHAIRPERSON NARCISSE: Oh. You don't have any
20 information.

21 MR. HANSMAN: We'll we can answer it from-- from
22 Health+Hospitals. So, the 16 new clinics are going
23 to be in the South Bronx and Central Brooklyn as part
24 of the Mental Health Continuum. So, the funding that
25 was a joint priority by both City Council and the

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2 Administration, which includes these 16 clinics, and
3 also the other schools that would be providing
4 expedited referrals to our outpatient clinics.

5 So, we're in the process of opening all 16, with
6 a couple that have already opened. I believe 2 of
7 those 16 have already opened as of yesterday and a
8 couple of weeks ago.

9 CHAIRPERSON NARCISSE: Are they providing
10 comprehensive care or just-- just to address
11 mental...?

12 MR. HANSMAN: They're specifically-- those
13 Article 31 school-based mental health satellite
14 clinics?

15 CHAIRPERSON NARCISSE: That's all?

16 MR. HANSMAN: That's correct.

17 CHAIRPERSON NARCISSE: Okay. So, I want to say
18 thank you for being here. But now, how many total
19 school-based health centers are currently in
20 operation? What services do those centers offers--
21 offer? How many of these centers offer mental health
22 services? How is the decision made to include mental
23 health services in some SBHCs and not others?

24 DEPUTY COMMISSIONER HAYES: So, thank you for the
25 question, Chair Narcisse. There are 138 school-based

2 health centers serving 150,000 students in 333 public
3 schools currently. The services that the clinics
4 provide vary. As mentioned in my testimony, we
5 provide services that include physical exams, dental
6 care, sports physicals, immunizations, mental health
7 services including treatment, health, education and
8 age appropriate reproductive health.

9 The school-based health centers are responsible
10 for providing mandated school health services.
11 That's also including first aid and care for any
12 acute illnesses, daily medication administration, and
13 also treatment of chronic illnesses and management of
14 chronic illnesses like asthma and diabetes, as well
15 as emergency response including administration of
16 EpiPens and naloxone. And I mentioned that we also
17 provide, you know, age-appropriate reproductive
18 health services in the school-based clinics as well.

19 CHAIRPERSON NARCISSE: So, how is the decision
20 made to include mental health services in some of
21 them and not others?

22 DEPUTY COMMISSIONER HAYES: The school-based
23 health centers provide some medical-- mental health
24 treatment. That is part of their service design.

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2 For school-based mental health clinics, they only do
3 mental health treatment and assessments.

4 CHAIRPERSON NARCISSE: So, how is the decision
5 being made? Based on the area? Based on the needs?
6 How? I just want to know how that decision made--
7 got made.

8 DEPUTY COMMISSIONER HAYES: The decision to
9 provide services depending on whether it's a school-
10 based health center, or a school-based mental health
11 center is-- is made in different ways. For the
12 school-based health centers, the services can vary
13 depending on the need of the school. And for school-
14 based mental health services, those services are also
15 assessed and can depend on what other services are
16 already in the schools at the time.

17 CHAIRPERSON NARCISSE: Okay. We have been joined
18 by my colleague, Shekar Krishnan. According to a
19 political article published last August, H+H
20 announced a plan to close all eight of their school-
21 based health centers on August 31, 2023. Did that
22 plan to close all the eight-- eight health centers
23 get approved by the State Department of Health? And
24 where were those eight school-based health centers
25 located?

2 DR. LONG: Hi. This is Ted. I'd like to answer
3 the question.

4 So, first off, thank you for asking the question
5 because it gives us an opportunity to explain several
6 different things that we've done for this year at
7 Health+Hospitals. I first want to premise by saying
8 that at Health+Hospitals we believe in and support
9 school-based clinics. It is also our core mission to
10 provide primary care to every child in New York City
11 without exception.

12 As many have said (the Public Advocate, Chair
13 Lee, and Chair Joseph) mental health is of critical
14 importance to us. Also, Chair Narcisse, I wrote down
15 one of the things you said: Comprehensive health
16 care is a necessity. I would take it a step further
17 to complement it by what Chair Schulman said, which
18 is that comp-- I believe comprehensive health care is
19 a human right.

20 So, what we've done this year, big picture, is
21 we've increased the number of school-based clinics
22 that we're going to be operating. And I'm going to
23 turn to my colleague, Jason, to share a little bit
24 more about that in a moment. We've increased the
25 mental health services that we're providing directly

2 on site to schools, and we've increased the number of
3 primary care visits and patients we can help at our
4 clinics that exist today in New York City. But let
5 me walk you through how closing eight of our school-
6 based health clinics was a part of all of that.

7 So, I believe that good care is the right care at
8 the right place at the right time. As a practicing
9 primary care doctor every week in the Bronx, I know
10 what good care is for kids. It's good primary care,
11 it's mental health care, it's vision care, it's
12 dental care, and it's reproductive health care. And
13 it's all of those things together. That's what
14 comprehensive primary care or health care for kids
15 is.

16 Unfortunately, our eight small school-based
17 health clinics never offered all of those services,
18 and over time some students and family members began
19 to vote with their feet. Over time we began-- we had
20 the ability to help fewer and fewer students each
21 year, such that last year, the statistic I'll give
22 you, is that the average number of visits, primary
23 care visits across our eight school-based health
24 clinics was two per day. That's one student that was
25 seen for a primary care visit in the morning, and

2 maybe one student had seen for a primary care visit
3 in the afternoon.

4 Now, the problem with that is that for my other
5 Gotham Health, and New York City Health+Hospitals,
6 hospital-based clinics, we have lines lining up for
7 people wanting to come in and receive our excellent
8 comprehensive healthcare. In fact, we now have a
9 wait time of up to two weeks for students or children
10 to be able to make a new patient appointment at one
11 of our existing clinics, which offers those
12 comprehensive services, everything I mentioned, plus
13 many other things as well.

14 So, we were faced with a situation where we had
15 these eight school-based clinics that were providing
16 two primary care visits on average per day. And we
17 have our other 50 primary care clinics that are
18 hospitals and golf and health sites, that we had a
19 wait time for kids to be able to get in to be seen,
20 people were voting with their feet that that's where
21 they want it to receive their care.

22 We have these clinics that I'm referencing here
23 within approximately one mile of each of the eight
24 schools.

2 So, to put it another way, if you look at the
3 number of visits or unique patients that we helped
4 across our eight school-based health clinics last
5 year, one of my pediatricians at one of my Gotham
6 Health Clinics could have seen all of those patients
7 in one year.

8 So, in a time when we have a national shortage of
9 primary care doctors like myself and a national
10 shortage of nurse practitioners, we're faced with the
11 situation of people were voting with their feet
12 wanting to come to our clinics. And we had teams
13 that if we move them from our school-based health
14 clinics, over to my other clinics, the same team
15 could help five to ten times the number of students
16 each day. Put another way, those same teams could
17 give access to primary care to five to ten times the
18 number of New York City children each day. And we
19 know New York City children need access to primary
20 care, because there's so many that are trying to get
21 into our clinics that there's a two week wait time
22 for new patients now.

23 So, what we've done overall, is we've taken the
24 teams from those eight clinics, and I've repositioned
25 them in my comprehensive primary care clinics where,

2 again, they can now help five to ten times the number
3 of students or children each day. And we've in
4 parallel with that we are opening 16 new school-based
5 mental health clinics, which enables us overall to be
6 able to provide more mental health in schools, which
7 I believe is the right care and the right place for
8 mental health, as was shared earlier, by many of you
9 as well. It enables us to help substantially more
10 children in New York City to receive primary care,
11 which is a limited commodity, because there's a
12 national shortage of doctors like me, that are
13 providing primary care to kids and adults each day.
14 But it allows us to help five to ten times the number
15 of kids each day in New York City.

16 And going forward, I'll turn to my colleague,
17 Jason to share more about the mental health clinics -
18 - I don't want to speak for him -- but I just wanted
19 to provide the overall rationale that we want to
20 increase mental health provided in the right place
21 and increase access to primary care for New York
22 State students. That is their human right.

23 MR. HANSMAN: And I'll just add on the school-
24 based mental health clinic, those 16 are adding to an
25 existing five clinics for New York City

2 Health+Hospitals. I believe one-- Actually I know
3 one is in Brooklyn, and then for are in Queens. So,
4 we're adding you know even more and really doubling
5 down on our investment within schools for the school-
6 based mental health clinics.

7 CHAIRPERSON NARCISSE: Thank you. Well, I'd like
8 to travel not to the future. But let's take us to
9 the back, right?, to the past.

10 What was-- What was the reason that we are
11 starting school-based clinics? And while we are
12 that, what kind of outreach was being done within the
13 school? Because we are dealing with some delicate
14 populations. Because we have a society where most
15 young kids are not used to going to the doctor. Like
16 in my situation, I will say not only mine, it is just
17 so many others, but we don't even have a clinic, a
18 Gotham Clinic, don't even have any hospitals like
19 mine.

20 So, having the center within reach trying to
21 promote the preventive care. Wouldn't you say? That
22 is a good shot? To have at least center within the
23 school, the high school, like for our-- our youth,
24 our young folks?

25 DR. LONG: Yeah, I'll start--

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2 CHAIRPERSON NARCISSE: And what kind of outreach
3 have you done? So-- Because they're not familiar
4 with going to the doctor when they're teenagers. And
5 with the crises we were going through, we need to
6 kind of get them. So, what have you done to get us
7 to make sure to get to that door? Like what?

8 DR. LONG: Yeah. Great question. I'll talk a
9 little bit about Health+Hospitals point of view with
10 respect to outreach and access. Then I'll turn to my
11 colleagues at the Department of Health if you want to
12 share more about the history of school-based clinics.

13 And just to contextualize, I want to make the
14 point again, that we had eight school-based health
15 clinics that are in discussion here, which were small
16 clinics, typically with one NP and one PCA in each of
17 those clinics, compared to, again, our comprehensive
18 primary care sites -- which I would love for you to
19 have one in Canarsie -- which are able to provide the
20 array of services that the kids need to be healthy.

21 So, in terms of what we did for outreach:
22 Outreach is really, really important in healthcare,
23 and it's something I think that's really undervalued.
24 I'll give an example, and then I'll answer more
25 precisely for what we did in our schools. But when I

2 think about the importance of outreach, I have a
3 quick patient story. We started, and my team started
4 the NYC Care program back in 2019. And one of the
5 things I learned from that is the importance of not
6 just saying healthcare as a human right, but telling
7 people that this is where they can safely come for
8 care, and giving-- and making them feel that they can
9 come, and that there is access for them to come.

10 My first NYC Care patient in the Bronx, was a
11 lady that hadn't seen a doctor in 43 years. That
12 day, she'd never had a mammogram, never had a Pap
13 smear, didn't know if she had diabetes.

14 What changed that day for her -- because at the
15 end of my visit with her, I asked her what was
16 different about today? -- and she said-- started
17 crying, and she said that she didn't feel she
18 deserved care until she saw me that day, which broke
19 my heart.

20 But I think what we did differently that day for
21 her was we did outreach to show her that we meant
22 healthcare is a human right at Health+Hospitals.

23 So, outreach is very important to us. What we
24 did at the eight schools here is we went to parent
25 teacher conferences, we handed out flyers, pamphlets,

2 talked to parents, we handed out information not only
3 about how to make an appointment at one of the more
4 comprehensive Gotham or hospital-based ambulatory
5 care sites that's nearby -- and again, within
6 approximately one mile of each of the schools, each
7 of the eight schools, we have one of our clinics. We
8 also passed out brochures and flyers about
9 ExpressCare, low barrier ways to receive care.
10 ExpressCare is (looking at cell phones here) a
11 virtual care platform that you can right now have the
12 healthcare visits with one of our excellent doctors,
13 just from-- from your phone with no barriers to,
14 again, regardless of insurance or immigration status.

15 So, that's what we did on the outreach side. On
16 the access side, that-- that's where we wanted to
17 make sure that when we were making these changes in
18 these shifts, where we're doing more mental health
19 today, and more primary care, where people are voting
20 with their feet, they want to come to, repositioning
21 these teams enabled us to, again, not only help
22 students in schools that would be nearby, but just
23 the raw numbers to be able to help five to ten times
24 the number of students. We are in the situation
25 where we have again, so many families calling for

2 pediatrician appointments with us, that we've
3 developed a wait time of two weeks. I wish the wait
4 time was zero days. But there's so many people
5 voting with their feet, that that's where they want
6 to receive care, and there aren't enough primary care
7 doctors across the country, let alone in New York
8 City. By repositioning our clinical teams and
9 telling the schools and the parents that this is what
10 we're doing so that we could bring the students
11 there, we're able to help substantially more kids,
12 maybe up to 10 times the number of kids.

13 CHAIRPERSON NARCISSE: While I appreciate
14 everything you just said. But in our communities,
15 some communities, underserved communities, we have
16 the most chronic illnesses, and our youth think that
17 they don't have to go to the doctor. You just say
18 sorry to yourself, are 40 years old, and because in
19 some of our communities, if you go to the doctor,
20 you're not good enough, you're not healthy enough,
21 you have that stigma attached to it.

22 So, I would like to see more ads and commercials
23 being done to let our young men, black, and Latinos,
24 communities which as a nurse for so many years for
25 over, you know, three decades being in the ER doing

2 home care, there is that kind of-- if you go to the
3 doctor, it's a wrong thing.

4 So, I want to see more promotion around health,
5 like where our youth can see it's okay to go to the
6 doctor. And it's not until, like, you're very ill,
7 like you're older and full of chronic diseases.
8 That's not cost effective at all if we focus on
9 preventive care.

10 So, I would like to see the line in the clinics.
11 I've been to clinics where I see a few young folks
12 come in. And the timing for classes, all those
13 things, we have to work it out in order to get our
14 kids to be compliant, say it's okay to go to the
15 doctor. Now I have to turn it to my colleague,
16 because she has to run, and she has to ask a few
17 questions. So-- But I'm coming back, because there's
18 a lot of things we need to--

19 DR. LONG: Just a quick-- if I can offer a quick
20 response to that,

21 CHAIRPERSON NARCISSE: Okay.

22 DR. LONG: I just want to say I fully agree,
23 100%. My conviction and my personal mission in life
24 is to have every New Yorker and every child be able
25 to name their primary care doctor. The only way

2 we're going to do that is with outreach, and with
3 enough access. So, I agree with every word you just
4 said.

5 CHAIRPERSON NARCISSE: Thank you. I know you
6 understand. You're a doctor. I'm a nurse. Thank
7 you.

8 DEPUTY COMMISSIONER HAYES: Would I be able to
9 just add that with the closures of the H+H clinics,
10 the Health Department continues to tirelessly work to
11 make sure we are providing quality healthcare in New
12 York City public schools. We have opened-- two of
13 the clinics we'll be opening again, one in the fall
14 and the other one then in the spring. And we are
15 placing nurses in the other locations as well.

16 So, our efforts to make sure that the services
17 are given to our New York City public school students
18 are what is parent month for us.

19 CHAIRPERSON NARCISSE: Thank you. Now my
20 colleague, Chair Schulman.

21 CHAIRPERSON SCHULMAN: Thank you, Chair. I just
22 want to say-- I want to-- First I want to recognize
23 Councilmember Brooks-Powers. Who's here? Oh, and
24 Councilmember Brewer. Sorry. Thank you.

2 First, I want to say our kids only get one chance
3 at a good education. And you can't get a good
4 education if you're not healthy. So, let me-- let me
5 preface it by saying that.

6 So, I want to ask: How important is childhood
7 health to increasing life expectancy and improving
8 health outcomes throughout a person's life? Anybody?
9 Up for grabs?

10 DEPUTY COMMISSIONER HAYES: So, thank you for
11 that question, Chair Schulman. As you said, it's
12 important to be healthy. Life expectancy is also
13 something that the Health Department is looking at
14 and trying to increase over time.

15 We know that when kids have a healthy start,
16 their life is better, and their health outcomes are
17 also much better. So, the focus on having school-
18 based health centers within the schools where
19 students don't necessarily have to go outside of the
20 school area, having school-based clinics that meet
21 the high needs of communities that are highly
22 burdened with diseases like asthma and diabetes are
23 very important as well. So, that is one of the
24 focuses that we are working on.

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2 CHAIRPERSON SCHULMAN: What is the Office of
3 School Health's role in the work of increasing life
4 expectancy? And were they involved in shaping the
5 goals laid out in the Healthy NYC plan? And how will
6 they be involved in executing the goals of the plan?

7 DEPUTY COMMISSIONER HAYES: So, the Office of
8 School Health was definitely part of the development
9 of the Healthy NYC goals. And we'll continue to work
10 to support the goals that we have available. You
11 know, the chronic disease around diabetes and asthma:
12 We have programs within the school-based health
13 center that focus on asthma case management, working
14 with the students themselves around proper
15 administration of their asthma medications, working
16 with parents to also educate them around the disease
17 process and how to manage their children's illness is
18 important. And we also have a very robust diabetes
19 management program within the schools where the
20 nurses work with the students and the parents, and
21 also with the providers. That is something that is
22 really important. Being able to work alongside
23 community providers if that is something that a
24 student has.

25

2 And I would say as a former community provider
3 myself, being an adolescent medicine specialist,
4 having a school-based clinic, and having a patient
5 who is a student in an environment where there's a
6 school-based clinic, and additionally having a
7 chronic illness, being able to work and manage the
8 illness of that particular student with the school-
9 based clinic is very important, especially around the
10 time and for my age population it was adolescents,
11 we're dealing with chronic illnesses are definitely
12 debilitating even more for them and their self
13 esteem, having the school environment, working in
14 concert with you in the community to support not only
15 the student but the family is what is very important.

16 CHAIRPERSON SCHULMAN: I want to-- Thank you. I
17 want to make a suggestion, and I know DOE is not
18 here. But, I've been to the schools in my district,
19 and I've actually met with the student councils. And
20 I think if you sit down with them, and talk to them
21 about health care, because they've spoken to me, and
22 they're very invested. And I think they can take
23 that message, because they are folks that are, you
24 know, that are trusted by the rest of the student
25 body, that they can help with-- with a lot of that.

2 So, I just-- Oh, DOE is here? I'm sorry. That's
3 right. DOE is here. It's been a day, folks for all
4 of us.

5 Now-- So I just-- So, DOE, so, I want to make
6 that suggestion, because these are amazing kids that
7 can really go far. And I've been in trainings with
8 them for a number of other things, not on this, on
9 health care, but I just wanted to make that
10 suggestion.

11 So, I want to ask just a couple more questions.
12 Have rates of diabetes among children increased or
13 decreased over the past five years?

14 DEPUTY COMMISSIONER HAYES: I don't have that
15 information with me.

16 CHAIRPERSON SCHULMAN: Okay.

17 DEPUTY COMMISSIONER HAYES: I can get back to you
18 on that.

19 CHAIRPERSON SCHULMAN: Please.

20 And then if-- if you're going to get-- When you
21 get back-- get back to us, please add which
22 neighborhoods, the demographics that have experienced
23 the most significant changes.

2 How important is the availability of healthy food
3 to a child's likelihood of developing type 2 diabetes
4 later in life?

5 DEPUTY COMMISSIONER HAYES: The availability of--
6 of healthy foods is very important to the management
7 of the diabetes and also to the prevention of
8 diabetes.

9 CHAIRPERSON SCHULMAN: What work is DOHMH and
10 engaged in to improve the supply and availability of
11 healthy foods in low income neighborhoods?

12 DEPUTY COMMISSIONER HAYES: I would have to get
13 back to you on the details, but we have programs
14 available where we do supply healthy foods in various
15 neighborhoods.

16 CHAIRPERSON SCHULMAN: Okay. The newly released
17 diabetes reduction plan cites a goal of reducing
18 deaths due to diabetes by 5% by 2030. Is addressing
19 childhood health disparities, part of how DOHMH plans
20 to achieve that goal?

21 DEPUTY COMMISSIONER HAYES: Yes, it is

22 CHAIRPERSON SCHULMAN: What is DOHMH's role in
23 engaging children and their families on ways to
24 reduce the risk of developing type two diabetes later
25

2 in life? I mean, I think you addressed that a little
3 bit in your earlier responses. But...

4 DEPUTY COMMISSIONER HAYES: I did, Chair
5 Schulman, but I would also add that the health
6 department is not a clinical care service.

7 CHAIRPERSON SCHULMAN: Understood. And what
8 about the role in helping children and families
9 manage type one diabetes? I mean, it could be-- I
10 mean, other folks can respond. It doesn't just have
11 to be DOHMH. We have-- We're lucky here we have all
12 of you in one room so we can ask these questions.

13 Dr. Long, you look like you want to answer this.

14 DR. LONG: I'd love to start.

15 CHAIRPERSON SCHULMAN: Go ahead.

16 DR. LONG: I-- My conviction is that the first
17 step to managing type one diabetes, and for a lot of
18 what you've been asking about two, is again, ensuring
19 that every child has good access to primary care in
20 New York City, and not just primary care to again
21 Chair Narcisse: Comprehensive services,
22 comprehensive primary care. I think that's needs to
23 be the cornerstone of any healthcare approach.

24 CHAIRPERSON SCHULMAN: Thank you very much. Like
25 I said, I'm looking forward to working with everyone

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2 on-- on making people healthy and particularly
3 increasing life expectancy. And it starts with our
4 kids. And I think we have a lot of resources that
5 already exist in the kids that we have in the
6 schools, and the work that you guys are doing across
7 the board. So, I really appreciate that. I want to
8 recognize that Councilmember-- We've been joined by
9 Councilmember Gutiérrez, and I'll turn it back over
10 to Chair Narcisse. Thank you very much.

11 CHAIRPERSON NARCISSE: Thank you, Chair. Um, one
12 of the things that I am always a big believer in:
13 You have to reach people where they are, right? And
14 right now our youth are on social media. Have you
15 considered-- it's not a budget hearing, but I'm
16 thinking out because it's in my head that I want to
17 understand: Are you focusing on how to reach them?
18 Because I heard you say you give literature, you
19 approach, you're going into the meetings, but are you
20 reaching them where they are? Are you getting them
21 to the door?

22 DR. LONG: I think I'll let my colleagues at the
23 Department of Health start about the overall approach
24 to reaching kids in schools and with respect to
25 social media.

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2 DEPUTY COMMISSIONER HAYES: So, at the Health
3 Department, we are working on programs to address
4 social media, the impact of social media within the
5 communities as well. And as you may know, we have,
6 you know, developed the Teen Space App that is
7 available, and our AC from the Bureau of Child,
8 Youth, and Families can talk about that a bit, Teen
9 Space.

10 CHAIRPERSON NARCISSE: Yeah. Can you tell me how
11 many of our team have you reached in the past year or
12 so from social media platform?

13 ASSISTANT COMMISSIONER DAVIDOFF: Sure I'd be
14 I'd be happy to talk about it. So, Teen Space is a
15 free mental health support that we're quite excited
16 to have launched. It launched just last year in
17 November 2023, and it is available to any teenager
18 ages 13 to 17, in-- who lives in New York City. And
19 it allows teenagers to connect with a licensed
20 therapist through phone, video, or text. We are
21 promoting Teen Space in a variety of ways, and that
22 includes through social media to get the word out
23 that this service is available, and also through a
24 variety of other forms of outreach, to schools, in-
25 person presentations, webinars, et cetera. But

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2 knowing that young people currently use social media
3 quite a bit, it's been one of the strategies we've
4 been using to make sure that they're aware of the
5 services available to them.

6 CHAIRPERSON NARCISSE: Is that only about mental
7 health? Or are we talking about physical health as
8 well?

9 ASSISTANT COMMISSIONER DAVIDOFF: Teen--

10 CHAIRPERSON NARCISSE: Because we have diabetes,
11 sickle cell disease. We have all-- a bunch of-- an
12 array of things that our communities are really
13 suffering with until kind of-- most of-- I mean,
14 unfortunately, it's usually too late when they get
15 older, and then that's really damaging the whole
16 structure of the body.

17 ASSISTANT COMMISSIONER DAVIDOFF: Yes, thanks
18 for that question. Teen Space is specifically around
19 mental health. We know that the health department
20 also uses its social media accounts to promote other
21 health behaviors and awareness, and we're happy to
22 follow up with you about some more of the specifics
23 about how we know-- how we've been doing that.

24 CHAIRPERSON NARCISSE: Thank you. Um, what was
25 the process for obtaining approval to close your

2 eight, eight school-based health centers? Was H+H
3 required to conduct a community needs assessment to
4 ensure that students had adequate options to access
5 care at other facilities?

6 DEPUTY COMMISSIONER HAYES: When a school-based
7 health center is closed, the state is involved in
8 that process, and they will approve the closure. And
9 then the Health Department, what was done from our
10 perspective, in making sure that we continue to try
11 to provide those services, we put out an interest of
12 intent letter asking to see whether or not providers
13 were interested in being part of the reopening of the
14 school-based clinics. And as mentioned, two will be
15 reopening in the fall and the spring, and the others
16 will be-- we will have nurses placed in those other
17 schools at that time.

18 CHAIRPERSON NARCISSE: H+H cited low usage rates
19 of the school-base -- which we just talked about --
20 clinics as a reason to shift resources and staff
21 toward Gotham Health Centers. Does shifting care
22 from a school-based model to primary and preventive
23 care centers run by Gotham Health affect healthcare
24 accessibility for students who are undocumented, or
25

1
2 uninsured-- or uninsured? Is the care that they
3 receive at other H+H run facilities are free?

4 DR. LONG: So, thank you for asking that
5 question. It is really critical to emphasize that
6 New York City Health+Hospitals is our is our core
7 mission to serve and help every New Yorker without
8 exception, from every asylum-seeking child that comes
9 into New York City each day now, to every child in
10 school, to every adult that's been here for 60 years.

11 So, that's our core mission, our mantra, and I
12 want to emphasize one of the things you said earlier,
13 which is that there can oftentimes be barriers to
14 accessing care, like my example of my patient that
15 hadn't seen a doctor in 43 years.

16 And an important way to overcome barriers like
17 that is to acknowledge the importance of outreach.
18 And that's why for the eight schools where we
19 transitioned our teams to our clinics where we can
20 help five to ten times the number of students every
21 single day, we were sure to make the schools aware
22 and the parents aware, and the children aware, not
23 only of where there's a Gotham health or
24 Health+Hospitals hospital site within approximately
25 one mile, but what other resources including Express

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2 care for medical or mental health needs there are Are
3 as we in parallel, of course, we're overall
4 increasing our school-based clinic footprint opening
5 16 new school-based mental health clinics.

6 CHAIRPERSON NARCISSE: I smile because I know
7 it's free. That part of free is free. But I still
8 have to put you on the record for that. When it
9 comes to Gotham Clinics, you still have some areas
10 that don't have Gotham Clinics, that don't have that
11 kind of access, and it's more-- probably-- well, I
12 would say close to a mile or a little more.

13 DR. LONG: So, with respect to the eight schools
14 where we had school-based health clinics, we do have
15 either a Gotham Health Clinic or in one example
16 Bellevue Hospital is just down the street from one of
17 them. So, we do have healthcare centers that are
18 within one thing in one example, it's a little bit
19 over a mile, but the rest are within a mile, which is
20 like an either a Gotham Health Clinic or one of our
21 hospital based ambulatory care departments like
22 Bellevue.

23 CHAIRPERSON NARCISSE: According to the H+H
24 website, they are for Gotham Health centers in the
25 Bronx, 11 in Brooklyn, 6 in Manhattan, 8 in Queens,

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2 and one in satin Island. Do all of those centers
3 provide primary care, preventive care, mental health
4 counseling, mental health treatment, substance abuse
5 treatment, or have education program that are
6 tailored, especially for young patients?

7 DR. LONG: Absolutely.

8 CHAIRPERSON NARCISSE: All of them?

9 DR. LONG: Yes, and to be clear, all of those--
10 every Gotham Health Clinic provides primary and
11 preventive care services. I'm a primary care doctor,
12 I'm in one of the four clinics you mentioned in the
13 Bronx. I provide mental health care to my patients.
14 I do the PHQ screen for depression, on 100% of my
15 patients before they come into my office. I can
16 deliver treatment to them. I can prescribe
17 antidepressants, or I can refer them if they have
18 serious mental illness or a variety of other needs to
19 my site in the Bronx. We have a psychiatry on site.
20 I don't know if Jason would want to add anything
21 about the connection point between mental health and
22 primary care in general or to Gotham Health?

23 MR. HANSMAN: Yeah. I think to Dr. Long's point,
24 I think, you know, when-- when someone does need
25 higher levels of care there, there are those-- those

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2 referral points to, you know, our acute care
3 facilities, where we might have more services that--
4 that folks can take-- take advantage of so...

5 CHAIRPERSON NARCISSE: So, I can say it now. I'm
6 going to say it. Let's talk about sickle cell
7 disease, baby. I'm interested. Let's talk about
8 sickle cell.

9 DEPUTY COMMISSIONER HAYES: Can I just add
10 something about the utilization?

11 CHAIRPERSON NARCISSE: Oh, go ahead.

12 DEPUTY COMMISSIONER HAYES: The Office of School
13 Health util-- evaluates the utilization of school-
14 based clinics, and we always try to offer support to
15 providers as well. And what we've noticed that when
16 the services are very well publicized, and there are
17 providers regularly staffed within the clinics, the
18 utilization rates for the clinics are exceptional.

19 CHAIRPERSON NARCISSE: I've visited a couple, and
20 I love the idea of young folks coming to the clinics.
21 I wish all the clinics can stay open. But as the
22 business part of my world, we have to make sure
23 people are using it, but we have to promote it.
24 Because I can have the best things next to me, but if
25

2 I don't know about it, I'm not going to utilize it at
3 all, because I don't know it's there.

4 So, that's one of the things you have-- when I
5 keep saying, "Meet people where they are," the youth,
6 the young folks doesn't go to clinics, and especially
7 it's a taboo for young men to go to the clinic
8 because you're so muscle-like, you're so strong and
9 all this. All those stigmas, all those difficulties,
10 all the barriers that we have to look into the people
11 culture, that's-- that's the reason cultural
12 competency is very important. And I thank you for
13 the work you do. You know, we always talk about the
14 importance of-- especially provided where it is
15 needed the most, and I appreciate your work.

16 Sickle cell. Sickle cell-- I mean are we
17 screening our young folks in the centers, because I
18 know one of them told me but I don't know. Are
19 sickle cell is being screened throughout the centers
20 that we have? School-based centers and...?

21 DEPUTY COMMISSIONER HAYES: In the school-based
22 clinics, we have best-practice protocols that we
23 follow. However, school-based-- I should say sickle
24 cell screening is not being done within the schools.

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2 CHAIRPERSON NARCISSE: Okay, so where-- How do
3 you know? Because we have a lot of newcomers, new
4 arrivals that are coming from countries and probably
5 not-- never been, you know, treated or diagnosed or
6 aware of their status. So, how can we address that?
7 Because it's more likely-- I don't know. Some folks
8 don't want me to say it's a black disease, but it's--
9 it's a mostly black disease because 90-something
10 percent. But anyway, how are we having that done?
11 Because I know we have a lot of folks coming from
12 West Africa, different parts, Haiti.

13 So, I want to understand how we're doing that, to
14 make sure that they're not falling through the cracks
15 until it's too late. Because as a nurse, I believe
16 in preventive care. Yes, I do. Yeah.

17 DEPUTY COMMISSIONER HAYES: So the school-based
18 clinics follow best practices. And I'm sure that as
19 time goes on, best practices don't, at this point, as
20 far as primary care and preventive care is covered.
21 And as a previously practicing provider, sickle cell
22 screening was not necessarily part of preventive
23 care, but best practices change over time, and
24 there's a possibility as well that it will change.

25

2 CHAIRPERSON NARCISSE: I hope he's changed soon,
3 because we had a law on the book that-- where we want
4 people to be-- because we want people to-- to
5 diagnose early so they can live the best of their
6 lives, not later, because of the new arrivals make it
7 even more urgent for us to address that. And then
8 they are mostly coming from West Africa and Haiti is
9 the black migrants.

10 DR. LONG: Can I just quickly agree with you
11 there? I think, yeah, to answer your question
12 precisely: What's one of the most important things
13 that we can do to evaluate patients and children for
14 sickle cell disease is to get them into primary care.
15 That's where we can do the appropriate blood tests,
16 the appropriate workup and evaluation. I was at the
17 Arrival Center this morning where we were welcoming
18 asylum-seeking families that came in overnight last
19 night. We had over 200 people come in overnight last
20 night, predominantly families with children.

21 We screen for communicable disease, offer urgent
22 care probably at our arrival center, screen everybody
23 for depression that's 12 and above, vaccinate
24 everybody while they're with their family, including
25 children, at the arrival center.

2 The next thing we need to do is to take-- get all
3 of these children into primary care so they can
4 complete their vaccination series and get the
5 appropriate workup and evaluation that they may have
6 never received before to your points.

7 The way that we need-- that we're going to do
8 that, is we need to have the access and capacity
9 across New York City to be able to see all of these
10 incoming children, in addition to all of the New York
11 City children that have already wanted to come to see
12 us in our clinics. And that, again, is part of the
13 rationale for wanting to bolster our New York City
14 capacities to be able to offer primary care to every
15 child, existing New Yorker, or newly-arrived New
16 Yorker.

17 CHAIRPERSON NARCISSE: Like we say: Healthcare
18 is a right. What difficulties do you foresee-- I
19 mean, foresee affecting the reporting that would be
20 required by Intro 341. Dr. Hayes?

21 DEPUTY COMMISSIONER HAYES: We support the intent
22 of the legislation.

23 CHAIRPERSON NARCISSE: Mm-hmm.
24
25

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2 DEPUTY COMMISSIONER HAYES: We would like to have
3 a conversation with the council around logistical
4 reporting times as well.

5 CHAIRPERSON NARCISSE: You know what is
6 problematic for me is just like when I asked a lot of
7 questions, like, "Those things are being done," but
8 when we put it in a book, when we try to pass
9 legislation, there is problems. So, we need to
10 approach it, and as soon as you can, let's work on
11 it, because it's affecting people in the long run,
12 and especially with a lot of new arrivals that we
13 have. Thank you.

14 Before I turn-- I'm going to turn it over to my
15 colleagues, Chair of Education, Chair Joseph.

16 Before I do-- So, one second, I would like to
17 acknowledge my colleagues, CM Abreu and Yeger and now
18 you have it Madam Chair.

19 CHAIRPERSON JOSEPH: Thank you so much. Thank
20 you for being here. Just a couple questions, not a
21 lot. Where was your clinics-- Were the clinics
22 operational during the 2020-21 year, or did COVID
23 affect the availability of services through these
24 facilities?

1
2 DEPUTY COMMISSIONER HAYES: Thank you for the
3 question Chair Joseph. The-- During the COVID
4 pandemic the schools were closed. However, the
5 services were pivoted to telehealth services in order
6 to be able to still provide clinical needs to the
7 students.

8 COVID 19, as you all know, definitely impacted
9 the clinics with the closure. We saw less patients.
10 Our reimbursement rates went down, and we are still
11 recovering. However, during the-- the COVID
12 pandemic, telehealth was the usage that was available
13 to students and families.

14 CHAIRPERSON JOSEPH: And can you tell me what
15 specific services were affected by that?

16 DEPUTY COMMISSIONER HAYES: As far as...?

17 CHAIRPERSON JOSEPH: During the pandemic. You
18 said we--

19 DEPUTY COMMISSIONER HAYES: The schools were
20 closed.

21 CHAIRPERSON JOSEPH: I know. I was still
22 teaching. I was still teaching so I know it was
23 closed. But what I'm saying is there was specific
24 services that were It primarily impacted because of
25

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2 the closure. You went on telepath. What-- What else
3 were you able to do?

4 DEPUTY COMMISSIONER HAYES: We were providing
5 clinical services through tele mental health at that
6 time.

7 CHAIRPERSON JOSEPH: Were there any other
8 arrangements made when the students could not come
9 into the buildings for them to go to other places?

10 DEPUTY COMMISSIONER HAYES: With referrals were
11 needed to be made through telehealth, they were also
12 made as well.

13 CHAIRPERSON JOSEPH: Okay. Thank you. Do you
14 collect the feedback from students and family about
15 their experiences with student, school-based health
16 clinics?

17 DEPUTY COMMISSIONER HAYES: School-based health
18 centers, providers do surveys, and those surveys,
19 that information is kept within the school-based
20 health centers themselves. The Office of School
21 Health does not directly do those particular surveys.

22 CHAIRPERSON JOSEPH: And if you do-- If you ever
23 do get your hands on it, are you-- do you implement
24 some of the feedbacks that are provided by the
25 families?

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2 DEPUTY COMMISSIONER HAYES: We don't normally see
3 the services, but we still do work with the providers
4 to, you know, implement whatever changes need to be
5 made and to address whatever best practices that
6 could be improved within the clinic. So, the Office
7 of School Health definitely works and supports the
8 providers in that particular work.

9 Thank you. Do you maintain a record of whether
10 the school-based clinics are students primary care
11 provider? If so, how many students listed the base
12 clinics as their primary care providers for the year
13 2023 and 2024?

14 DEPUTY COMMISSIONER HAYES: The primary care
15 provider information is-- is kept with the school-
16 based clinic provider, not with the Office of School
17 Health. And we always, whether the student has a
18 primary care provider or not, provide the services.
19 And in the cases, as I mentioned earlier, knowing the
20 primary care provider is helpful to support any sort
21 of co-management of various diseases that need to
22 take place.

23 So, the school-based health center provider does
24 record that particular information. But that is
25 confidential information that is kept with the

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2 school-based health clinic provider and is not given
3 to the Office of School Health, or is not kept with
4 the Office of School Health.

5 CHAIRPERSON JOSEPH: Got it. During the summer
6 programming, when schools are closed, what are the
7 alternatives for students?

8 DEPUTY COMMISSIONER HAYES: Some school-based
9 health centers are open in the summertime as well.

10 CHAIRPERSON JOSEPH: So, if there's-- even if the
11 student doesn't attend the school, can they attend
12 another? Can they go to another shelter-- I mean,
13 I'm school-based clinic if the site they normally go
14 is closed?

15 DEPUTY COMMISSIONER HAYES: Yes.

16 CHAIRPERSON JOSEPH: And what kind of outreach do
17 you do? What's-- This isn't for New York City public
18 schools. What type of outreach do you do to make
19 sure students and families know about these
20 programming, and how, and what type of outreach?

21 DEPUTY COMMISSIONER HAYES: I can speak to the
22 Office of School Health supports the school-based
23 health center. When the students, if they are new
24 students coming into the schools, there are
25 registration packets that are made available to the

2 parents. They are available-- The registration and
3 the information is made available in parent-teacher
4 meetings. And the information about school-based
5 health centers are normally on the New York City
6 public school websites.

7 CHAIRPERSON JOSEPH: Let's say I have no access
8 to a website. English is not my first language.
9 What's the alternative for that family?

10 DEPUTY COMMISSIONER HAYES: The registration
11 packets are normally in in the language, or explained
12 in the language of the of the parent and the student.

13 MS. FRANK: Good afternoon. I would just add
14 that we also do communication. We-- As Dr. Hayes
15 said, enrollment: Upon enrollment students are given
16 the forms, but also throughout the academic school
17 year, any opportunity we get to be able to share with
18 families that the services are available. So, parent
19 teacher conferences, any events at schools that we
20 may have, wellness days, and having-- making sure we
21 have continuous conversations, as well as having
22 posters and different media up to let students know
23 that-- and families know that these things are that
24 services are available, and also using our parent
25

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2 coordinators to support us in that area to make sure
3 parents are aware of the services.

4 CHAIRPERSON JOSEPH: Thank you. We'll do. Do
5 school-based operate the same way-- in the same space
6 as the school nurse office, or school nurses
7 considered part of the staff?

8 DEPUTY COMMISSIONER HAYES: School-based clinics
9 are different than nurses' offices.

10 CHAIRPERSON JOSEPH: Okay.

11 DEPUTY COMMISSIONER HAYES: If you have a school-
12 based clinic within your building, normally you do
13 not have a nurse in that building. The selection
14 process, as mentioned earlier, for having school-
15 based health centers require the participation of not
16 only the Office of School Health, but as well the
17 health provider who may be interested in having the
18 school-based health center. And then you have other
19 requirements and legislation through the-- through
20 the state for setting up a school-based health
21 center.

22 Also the medical room where the school-based
23 clinic is held is of course a medical facility, and
24 it is usually outfitted for the purpose to provide
25 medical care. Nursing offices are not usually

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2 outfitted in the same manner. And as I mentioned, if
3 you have a school-based health center, in your in
4 your school, you usually do not have a nurse in that
5 school.

6 CHAIRPERSON JOSEPH: Thank you. Good to know.

7 Are school social work staff at CBO run school-based
8 health clinics, or school-based mental health claims
9 pay the same rate as the New York City public school,
10 um, social workers?

11 DEPUTY COMMISSIONER HAYES: Um, I don't have that
12 information.

13 CHAIRPERSON JOSEPH: New York City Public School
14 is here.

15 MS. FRANK: My apologies. We do not have the
16 information on the rate that they receive through the
17 school mental health clinic, but we can definitely
18 get back to you with that.

19 CHAIRPERSON JOSEPH: We'll do a followup. We'll
20 do a follow up.

21 How do students get their appointment during
22 class schedules during the school day? How does that
23 work? If I want to come in and see-- come into the
24 clinic, how does that work with my school schedule?

25

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2 DEPUTY COMMISSIONER HAYES: There are
3 arrangements made between the school-based health
4 clinic staff and, you know, the students and the
5 teachers within the schools.

6 And if there's a delay, can I-- is it easily
7 available for me to reschedule? Or what's the
8 process?

9 DEPUTY COMMISSIONER HAYES: Rescheduling.
10 Because we're very, very much focused on making sure
11 that the services are delivered to students. So,
12 rescheduling is definitely an option.

13 CHAIRPERSON JOSEPH: Thank you. Chair?

14 MS. FRANK: May I add...?

15 CHAIRPERSON JOSEPH: Sure. May I just add that
16 schools, usually in collaboration with the health
17 clinic organize scheduling, and have a process in
18 where students can see. And if there is
19 rescheduling-- So, these conversations happen, so
20 there's a clear process on how they can be seen--
21 seen and/or referred as needed.

22 CHAIRPERSON JOSEPH: Thank you, Chair.

23 CHAIRPERSON NARCISSE: Thank you. Now we'll pass
24 it on to my colleague, Chair Lee.

25

2 CHAIRPERSON LEE: All right. I hope you guys are
3 still attentive and awake.

4 So, I have a bunch of questions. So, when I read
5 the announcement that the mayor had today about the
6 16 new mental health clinics, school-based mental
7 clinics, I was like, "Yay." But then when I read
8 part of the Mental Health Continuum, I was like,
9 "No," because it's only \$5 million.

10 And so my question is: If you're taking \$3.6 to
11 start these new clinics, what is not getting funded?

12 MR. HANSMAN: I mean, the entire the entire
13 concept of the Mental Health Continuum, so serving 50
14 schools, doing expedited referrals, and opening the
15 16 clinics is part of that, that \$5 million. And I
16 think-- Our hope is to continue to, I think, rise up
17 these 16-- these 16 schools, do some-- do some
18 additional billing and then reinvest that money. So,
19 there is this idea of, you know, using this money to
20 start up these schools for that clinical staff and
21 then reinvest what we get in billing.

22 CHAIRPERSON LEE: Okay, but are they going to be
23 in the red? Or are the school-based clinics also
24 going to get enough reimbursements to pay the
25 operational costs, as well as all the other

2 additional costs that we know don't get reimbursed,
3 including the outreach, education piece, and all of
4 that, and who's covering those costs right now in the
5 school-based mental health clinics?

6 MR. HANSMAN: So, I'll talk about the-- the
7 continuum schools, and then I'll hand it to my
8 colleagues at DOHMH. But for the continuum schools,
9 the-- the \$5 million and the \$3.6 for
10 Health+Hospitals does fully cover operating--
11 operating costs and some additional funding. About
12 \$700,000 from the state is, um, funding some of the
13 construction and startup costs for those clinics as
14 well.

15 CHAIRPERSON LEE: Okay.

16 MR. HANSMAN: And then I'll hand it for DOHMH
17 about the funding for the other school-based--

18 CHAIRPERSON LEE: Because-- Yeah, and just to
19 clarify, because the reimbursement rates obviously
20 are only for the actual sessions and the times where
21 you see the students, but then as we know, there's a
22 lot of outreach, education, and everything that has
23 to happen that's not included in that reimbursement
24 fee. So, I'm just wondering how that gets
25 subsidized?

2 ASSISTANT COMMISSIONER DAVIDOFF: That's a great
3 question. Thank you so much, Chair Lee. So, right
4 now, this is a challenge, right?, with school-based
5 mental health clinics. But we're really pleased to
6 share-- and I know, you referenced this earlier--
7 that the State has announced these, you know, new
8 funding, essentially, for school-based mental health
9 clinics, which enables providers to receive \$25,000,
10 right?, per site that they want to open. If they're
11 in, in what's considered a high needs school
12 district, they can also get another \$20,000,
13 essentially. And it is intended to do largely what
14 you're describing. It's intended to cover a lot of
15 the non-billable costs that we know are so critical
16 for a school-based mental health clinic to-- to
17 thrive in that, you know, in that setting. So, it
18 really is there to help with startup with
19 communication with school personnel, recruitment.
20 All of those things that are not billable.

21 CHAIRPERSON LEE: Okay. And then for the Article
22 28's versus the 31's because I know that the 28's,
23 require a lot of capital funding to outfit the
24 spacing, the ventilation, all of that stuff, right?
25 So, is that being covered by H+H in the school-based

2 clinics? Like how is that cost-- the startup costs
3 being funded?

4 MR. HANSMAN: For the for the school-based mental
5 health clinics, we are-- we are providing some of
6 that startup cost for those. And it's a-- it's a lot
7 less for the Article 28's. So, for the school-based-
8 - for the mental health clinics than it is for the
9 physical health clinics.

10 CHAIRPERSON LEE: Yes, yes. The 31's are
11 definitely a lot less than the 28's, for sure. And
12 then my question, though, is for the 31-- Article 31
13 clinics, because I know that there's a special
14 additional application you can put in there to also
15 offer primary care services on site. So, do all the
16 31 clinics, Article 31 clinics that are offered in
17 the schools? Do you know if the providers of those
18 licenses also offer that piece for the primary care?
19 And is that available? Because Article 28's
20 obviously are much more comprehensive and
21 reproductive, and include some of the mental health
22 piece, but 31's, which focus just on the mental
23 health. I'm wondering if they also have the license
24 to provide that primary care piece.

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2 ASSISTANT COMMISSIONER DAVIDOFF: So, there is
3 an option, right?, to provide some degree of health--
4 physical health care, right?, under the under the
5 Article 31, right? And so what I don't have on me
6 right now is what-- what number of those clinics are
7 doing that. But we can definitely confer with our
8 colleagues at the State Office of Mental Health, the
9 licensing entity--

10 CHAIRPERSON LEE: Okay.

11 ASSISTANT COMMISSIONER DAVIDOFF: --and get back
12 to you.

13 CHAIRPERSON LEE: Okay. And then also, do you
14 have a breakdown of which types of schools, like
15 elementary, junior high, high school? Because the
16 typical Article 31's are only age 13 and above. So,
17 I guess my other piece to-- This is for the-- the
18 providers like Institute Family Health, Community
19 Healthcare Network, Mount Sinai-- For the hospitals,
20 I'm guessing I know the answer. But for the other
21 providers, do they have that special piece of the
22 license that is age under 13 to include in the
23 Article 31? And can you give us a breakdown of--
24 Out of the 100 or so sites, what's the breakdown in
25 the different types of education schools?

2 ASSISTANT COMMISSIONER DAVIDOFF: So, clinics
3 can provide services for youth under age 13--

4 CHAIRPERSON LEE: Which-- because--

5 ASSISTANT COMMISSIONER DAVIDOFF: Article 31.
6 I'm sorry.

7 CHAIRPERSON LEE: No, but you need to apply for
8 those special licenses. So, does that automatically--
9 - and the only reason why I know this is because I
10 started an Article 31 at my former nonprofit, so
11 that's why, it's like, if you want to serve under age
12 13, you have to apply for an additional piece of the
13 license. So, I guess my question is for those
14 providers here that are providing the services in the
15 school-based clinics, if it's an elementary school or
16 junior high school, do they have the additional
17 licensing for 13 and under?

18 ASSISTANT COMMISSIONER DAVIDOFF: So, at the at
19 the time that the provider applies to open a school-
20 based satellite clinic or through the licensure
21 process, they can indicate at that time, which age
22 groups they would like to serve, and-- you know, or
23 if they're serving a particular age group, they can
24 always add on other ages later. So, it's sort of
25 built into the licensing process.

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2 CHAIRPERSON LEE: No, no, no. So, it starts off
3 with 13 and over. If you want to serve 13 and under
4 there's another additional process you have to go
5 through after you open up the 31. So, I just want
6 clarification on how many of those are 13 and under.

7 MS. TIETZE: So we have Article 31 clinics across
8 K through 12.

9 CHAIRPERSON LEE: Okay.

10 MS. TIETZE: And so whatever license is necessary
11 to function within that population--

12 CHAIRPERSON LEE: Okay.

13 MS. TIETZE: Is the license which they have.

14 CHAIRPERSON LEE: So, can you give us a breakdown
15 of what the different levels of education are? And
16 how many-- for example, how many elementary schools,
17 how many junior high schools, how many high schools?

18 MS. TIETZE: I can. I don't know, off the top of
19 my head, but I can get you that information.

20 CHAIRPERSON LEE: Yes. If you could follow up,
21 that would be awesome.

22 Okay. And then also, for the schools that have
23 co-locations for D 75, have you guys looked into the
24 Article 16's as well? Because I think that would be
25 amazing if we could also include that as part of the

2 licensure. Because for the Article 16-- The one
3 thing that I always got frustrated with was that if
4 you have an OPWDD diagnosis, right?, I can't see them
5 as an Article 31 clinic. And so, is-- has there been
6 conversations, or have you guys looked into possibly
7 doing the Article 16's that can also be provided in
8 the co-located schools?

9 MS. TIETZE: So, I think that's a great question.
10 And there are conversations around how to support
11 75's. I think the thing-- the thing to remember in
12 terms of the types of clinics that we have, and the
13 schools that we serve, is they have been built up
14 over the course-- I mean, since the 80s, right? And
15 so, the 75, you know, when they were choosing
16 clinics, Article 31's, we focused on districts 1
17 through 32. And just by the nature of 75 in terms
18 of-- they're supposed to already have IEP services.

19 That doesn't mean we shouldn't help them. And it
20 doesn't mean that we can't have those conversations.
21 It's-- It's not something that we have approached at
22 this time. I think there are some conversations with
23 the continuum in serving the 75's, and that's going
24 to take a longer amount of time to sort of figure
25 that out, because the needs are slightly different.

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2 CHAIRPERSON LEE: Yeah, I think that'd be great if
3 we could have that one day. But that's why I was
4 just curious if those conversations are happening.

5 And also, for the for the-- in terms of the
6 operation of the mental clinics and health clinics,
7 the providers that are in the report listed here, for
8 the ones that are in the-- do they-- do we know if
9 they have experience working in schools? And I know
10 that each group probably has different ways of
11 administering services. And so, what is the
12 standard? I know that there's the state standard and
13 the licensing standard. But then aside from that,
14 how are you all, in terms of your oversight, making
15 sure that they're collecting similar data across the
16 board? If you could speak to that?

17 MS. TIETZE: Thank you for that question. That's
18 a really great question. I do first want to say that
19 there's lots of agencies involved, and insurance
20 companies, which I'm sure you know.

21 What we require in the schools that we're in is
22 that we require utilization data. I will put a
23 caveat to that to say that we're also developing
24 better ways of gathering data so we can truly
25

2 understand the cost of what mental health costs are
3 to provide in schools.

4 So, we have staff who are in a select number of
5 schools. And what our staff does, the school mental
6 health staff does, is that they work with both the
7 CBOs and the principals. So, the CBOs are under the
8 HIPAA regulations. They provide us, like I said,
9 exclusively with utilization data. We don't use PHI,
10 and we gather-- we understand what the utilization of
11 the service is.

12 CHAIRPERSON LEE: I know that with the 31's and
13 the 28's, the tendency is, usually because Medicaid
14 reimburses higher than private insurance and other
15 insurances, I know that the clientele mostly is
16 around the Medicaid clients. But how-- how has the
17 outreach been to like the just general population?
18 And to just back up a point that was brought up
19 previously by one of the Co-Chairs, I mean, the
20 Chairs: You know, how-- how are other community
21 members-- are they allowed to use the services? Are
22 they not? Because I know it's technically supposed
23 to be open to everyone. So, yeah.

24 MS. TIETZE: So, we use a building model. So
25 everybody in the school has access to the 31. I

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2 don't want to speak for the 28's. I believe that
3 folks have already talked about that.

4 These services aren't available to the community.
5 And-- However, we offer funding-- not us, but the
6 funding that the CBOs are provided, the expectation
7 is that they're supposed to serve anybody who walks
8 through the threshold.

9 CHAIRPERSON LEE: Right.

10 MS. TIETZE: Right? So, we encourage them to see
11 any child that walks through the door. We work with
12 them to be able to do that. CBOs have different
13 kinds of models that they use. And so we make sure
14 that all of the students, under-insured as well as
15 uninsured are able to be seen.

16 CHAIRPERSON LEE: Okay, great. And then can you
17 just-- You know, this-- either for DOE or the mental
18 health clinics, can you sort of walk us through what
19 happens if there's incidents in the school? You
20 know, if a student has experienced a mental health
21 crisis, what role does the SPH or SBMHC staff play?
22 Because I know that a lot of times school
23 administration will talk to the, you know, school
24 safety agents, or maybe call 911. But that's sort of
25

2 supposed to be a last resort. And so I just wanted
3 to know if you had that breakdown as well.

4 MS. FRANK: Sorry. It takes little time to get
5 over here. So, in the schools when a child is--
6 whether it's being escalated, or whether they're
7 having some type of trauma during the school day, the
8 crisis team is activated.

9 CHAIRPERSON LEE: Okay.

10 MS. FRANK: And then through the crisis team,
11 there is an initial level of superficial evaluation,
12 right? Do we need to refer to the social worker? Do
13 we need to just maybe get something to eat, right?
14 If we get to the point of referring to the social
15 worker, the social worker then is able to use the
16 clinic as another assessment point, which deters us
17 from having to call 911 on a number of occasions,
18 because that other level of assessment can allow them
19 to actually talk about what next steps can be taken,
20 talk about referrals that can be made versus having
21 just to go to 911.

22 So, there is a clear process that involves the
23 clinics once they're there. And actually, when I
24 attend the meetings, we make sure that it's very
25

2 clear with the schools and with the clinics that
3 they're at another point of assessment.

4 CHAIRPERSON LEE: Nice. Okay. I'm going to pause
5 there for now. And then maybe if I think of one
6 later, I'll ask, if I can ask. Thank you.

7 CHAIRPERSON NARCISSE: Thank you, Chair.
8 Councilmember Brewer?

9 COUNCILMEMBER BREWER: Thank you very much. I'm
10 a big supporter of the school-based health clinics,
11 and I'm a little confused. So, in the wonderful
12 briefing that the staff did, they listed what Kathy
13 Hochul, as governor, and what-- what clinics will be
14 able to exist based on her money? I guess that's my
15 point one: 137 satellites in 82 high-need schools.
16 So-- But you're talking about 10? Can you give us
17 the addresses and the schools of the 10 that you're
18 talking about, in terms of cutting? Is that what is
19 happening? What 10 are you talking about? You got
20 10 listed that you were referring to: Manhattan,
21 Queens, one in Staten Island, and so on. What list
22 is that?

23 ASSISTANT COMMISSIONER DAVIDOFF: Are you
24 referring to the H+H closures?

25 COUNCILMEMBER BREWER: I am.

2 ASSISTANT COMMISSIONER DAVIDOFF: Okay.

3 DR. LONG: Yeah, I--

4 COUNCILMEMBER BREWER: Is there a list?

5 DR. LONG: Yes. So, I can start. We have eight
6 sites.

7 COUNCILMEMBER BREWER: Eight sites. I'm sorry.
8 No, it's okay. I just wanted to sure, as always,
9 that I'm answering your question precisely.

10 DR. LONG: So, just to zoom out for a second. I
11 have the list here, and I'll--

12 COUNCILMEMBER BREWER: Because I haven't seen it
13 on any paper. Maybe I'm missing it.

14 DR. LONG: Yeah, we can. We're happy to share it
15 with you. I have the eight right here.

16 COUNCILMEMBER BREWER: Okay.

17 DR. LONG: Just to zoom out for a second to
18 contextualize it. One of the things we talked about
19 earlier was that we're making a series of changes at
20 H+H now related to school health.

21 COUNCILMEMBER BREWER: I don't think I'm going to
22 like them.

23 DR. LONG: Well, let me let me try to explain
24 them. Then you can, you can, as always, be the-- the
25 judge. So, we are increasing the number of school-

2 based clinics that were operating through H+H. We're
3 increasing the amount of mental health services
4 provided specifically in schools. And we're
5 increasing the number of children that we're able to
6 treat in primary care across New York City.

7 The way that we're doing that just to go through
8 it real fast, is, I believe, as you know, as a
9 primary care doctor myself--

10 COUNCILMEMBER BREWER: I heard it all.

11 DR. LONG: Good care. Right place. Right care.
12 Right time. Over time-- Sorry if this is a little
13 repetitive-- But in our clinics, the eight clinics
14 that we have here, these are small clinics, which
15 typically have only an NP and a PCA. They don't have
16 dental care. They don't have vision care. Only a
17 handful have mental health services. Reproductive
18 health care has not been utilized in these clinics.
19 Whereas in our other clinics, our Gotham Health
20 Clinics, our hospital based ambulatory care
21 departments, there's so many people voting with their
22 feet to come and see us there that we now have a wait
23 time of about two weeks to see a new patient that's a
24 child.

2 Over time with these eight clinics here, the
3 utilization has gone down to, on average across the
4 eight clinics, two visits-- two primary care visits
5 completed per day.

6 COUNCILMEMBER BREWER: Okay.

7 DR. LONG: That could be one child in the morning
8 for primary care.

9 COUNCILMEMBER BREWER: Brandeis-- Are Brandeis
10 and King on that list? Brandeis High School, 84th
11 street, or King 122 and Amsterdam?

12 DR. LONG: No, they're not.

13 COUNCILMEMBER BREWER: Okay. So, then the
14 question is for the clinics that will continue to
15 exist, like those two and others: Will they have
16 additional services? Will there be any change to
17 them? The reason I ask is I have been, I think, to
18 all the school-based clinics in Manhattan in all the
19 schools. And I think everything that's been said
20 today is correct: They do need more, maybe not where
21 you're talking about, where the waitlists are. But
22 they do need more support from the students, they
23 need more reimbursement because of-- the best is the
24 peer-to-peer, right?, on my understanding. That's
25 not reimbursable. It's the best type of service and

2 support. So, you need to-- You know, it's not your
3 fault that you can't get that reimbursed. It would
4 be nice if it was changed. But what I'm saying is:
5 Where there are clinics that-- that exist, like these
6 two that I just mentioned, will they have any extra
7 services? Because what I'm concerned about, is as
8 you suggest, students don't leave the school to get
9 services. They will not go across the street.
10 They're not going to clinic nearby. So, I guess my
11 question is, in addition to what you're talking
12 about, more mental health, and so: Will all the
13 clinics that currently exist under H+H get more
14 support? Or is it going to be about the same? Will
15 they get anything additional?

16 DR. LONG: Well, I'll just quickly start, and
17 I'll turn to my colleagues at the Department of
18 Health, because the two aforementioned clinics are
19 likely operated by somebody else.

20 But, just to be clear, what we're doing at H+H is
21 a couple of different changes here. Overall, we're
22 taking the eight school-based health clinics that we
23 have had, that we've operated--

24 COUNCILMEMBER BREWER: Yup.

2 DR. LONG: -- and we're transitioning those care
3 teams, so they can help 5 to 10 times the number of
4 students and children-- because children are
5 students-- every day. And people are voting with
6 their feet that they want to come to my Gotham sites
7 that have comprehensive care. That's why we have a
8 waitlist compared to only two visits per day in the
9 former school-based health clinics.

10 But as part of doing that, I just wanted you to
11 know, because we've been very intentional about this,
12 we are opening 16. So, twice the number of school-
13 based mental health clinics, making the point-- and I
14 hope everybody-- this is clear for Council: We
15 believe in school-based clinics. We believe in
16 school-based mental health. We are doubling down
17 literally on our school-based health services by
18 doubling the number of clinics that we have, and
19 making them school-based mental health clinics.

20 COUNCILMEMBER BREWER: Can we still get that list
21 at some point, though?

22 DR. LONG: Yes, you can. And I'll defer for the
23 two clinics mentioned.

24 DEPUTY COMMISSIONER HAYES: So, the two clinics
25 that are reopening, one this spring and the other in

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2 the fall, one will be at Norman Thomas High School
3 and the other one will be Grand Street in the
4 Williamsburg area.

5 As mentioned earlier, the other sites that will
6 not be reopening will be placing nurses in those
7 schools sites to deliver the care that nurses are
8 able to provide.

9 COUNCILMEMBER BREWER: So, at King and Brandeis
10 you're going to have nurses, and not school-based.
11 Is that what you're saying? Or you don't know?

12 DEPUTY COMMISSIONER HAYES: Those-- If I'm not
13 mistaken, those are not on the list.

14 Okay, as long as they are not on the list. I'm
15 checking because nobody seems to have a list. So,
16 it's hard to know what is or is not on the list. I'm
17 just saying. He's going to give me your list. I
18 hear you Dr. Long.

19 DEPUTY COMMISSIONER HAYES: So, we'll be able to
20 send you a list.

21 COUNCILMEMBER BREWER: Thank you. Lists are
22 helpful. You know, facts and things like that.

23 DEPUTY COMMISSIONER HAYES: Yeah.

24 COUNCILMEMBER BREWER: Okay, that'll be helpful.
25

2 DEPUTY COMMISSIONER HAYES: Those clinics are
3 going to continue to be open.

4 COUNCILMEMBER BREWER: I know. But they need
5 support. With all due respect, I'm in the clinics.
6 I know. They need-- I don't know just these two. I
7 certainly know GW very well also. These clinics need
8 a lot of support in addition to what you're stating,
9 even though they exist, they need other aspects. If
10 we're talking about school-based health care, we want
11 it to be the best. You want it to be the best. I'm
12 just saying these two in particular, they need
13 support.

14 DEPUTY COMMISSIONER HAYES: Okay.

15 COUNCILMEMBER BREWER: Thank you. I think Chair
16 Joseph had some questions.

17 CHAIRPERSON JOSEPH: Yes, I do. I just want to--
18 we'll go back real quick. What is the average total
19 of staff in each SBHC and SBHMC, in terms of by
20 title, whether they're full time and part time?

21 DEPUTY COMMISSIONER HAYES: So, the school-based
22 health center providers' staffing is information that
23 we in the Office of School Health do not keep,
24 because they're not employed by DOE or DOHMH.

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2 So, we don't have that information. We could
3 probably get it for you.

4 CHAIRPERSON JOSEPH: So who employs them?

5 DEPUTY COMMISSIONER HAYES: These-- The school-
6 based health center provider. The Office of School
7 Health oversees the school-based health centers. So,
8 we provide support through technical assistance,
9 management, operations. The school-based health
10 provider-- it could be a health, a hospital system.
11 So they are employed-- those staff members would be
12 employed by that hospital system.

13 CHAIRPERSON JOSEPH: New York City public
14 schools, would you guys have that information?

15 MS. FRANK: [SPOKE FOR 5 SECONDS WITH MICROPHONE
16 OFF] Sorry. Good afternoon. What we would have is
17 who is located at the site. So the administration
18 would know who is working at their site. So that's
19 what they would have. So, if-- I would have to
20 collect that from each site. But we-- So, if you
21 come to my central office, I don't have it. But the
22 schools would definitely know who is employed and who
23 is working with them. Am I answering your question?
24 I just want to be clear.

25

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2 CHAIRPERSON JOSEPH: So, we wouldn't have-- One
3 central area would have all that information? We
4 wouldn't keep that information central?

5 MS. FRANK: No, because they're not employed by
6 us. They're employed by the CBO that then is working
7 with the school, right? That's-- So they employ
8 them. But we would at least-- we need to know who's
9 in the building.

10 CHAIRPERSON JOSEPH: Correct. That's what I'm
11 asking that question. We need to know who's in the
12 building, who's servicing our children. So, would
13 you be able to get that information back to us?

14 MS. FRANK: From the principal of said schools,
15 yes.

16 CHAIRPERSON JOSEPH: Absolutely. Thank you. Um,
17 do you currently know if there's any existing
18 vacancies in the centers or the clinics? If-- Or you
19 wouldn't have that information either?

20 MS. FRANK: I wouldn't know how that firsthand.
21 No, ma'am.

22 CHAIRPERSON JOSEPH: So, you would get that to
23 me-- Hmm. Interesting. All right. I have two more
24 questions: For each of the SBHC listed in Local Law
25 12-2016, what is the total number of percentage of

2 students using them based on school service utilized,
3 housing status, and grade level.

4 That's one of the reporting bills. It was due at
5 the end of April.

6 MS. FRANK: My apologies.

7 CHAIRPERSON JOSEPH: DOHMH will be submitting a
8 report.

9 DEPUTY COMMISSIONER HAYES: So, as mentioned,
10 there are 138 school-based health centers. The list
11 that you are requesting, we don't have with us now,
12 but we can get back-- get back to you.

13 CHAIRPERSON JOSEPH: That would be very helpful.
14 Okay.

15 DEPUTY COMMISSIONER HAYES: I think you asked
16 about utilization rates, you asked about how many
17 students in temporary housing. What I will say is
18 that one of the criteria for placing a school-based
19 health center in a school is the number of students
20 in temporary housing. So, that is one of the
21 criteria that we use in meeting the needs of the
22 student population that is usually high-need as well.

23 CHAIRPERSON JOSEPH: Yeah. Because we also need
24 data, right? Data drives policies, though-- that's--
25 that's how you determined you were going to open a

2 clinic, was based on that data, right? So we still
3 need that data to analyze it and look, making sure
4 we're doing our part, as you do your part as well.

5 So, I'm big on data. I was an educator for 20
6 years. So, data drives my instruction. So, as a
7 Councilmember and the Chair of the Education
8 Committee it also drives policy, where we put our
9 money in, where we invest our money, and how we
10 support New York City children. So, I'm always going
11 to ask for data because that's-- we need that. We
12 can't just throw money in the wind, if we don't know
13 the right places to put the money.

14 MS. FRANK: I totally understand.

15 CHAIRPERSON JOSEPH: Thank you.

16 CHAIRPERSON NARCISSE: Thank you. Do students
17 have to enroll to receive services, and do they need
18 to-- parental consent?

19 DEPUTY COMMISSIONER HAYES: Because the focus of
20 the school-based health center is to provide care to
21 all students, they do not have to enroll. We will
22 provide services to anyone or any student that is in
23 the school building. Parental consent-- When
24 students do register for services, parental consent
25 is required through the registration process for some

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2 of the services that they will be receiving.

3 Parental consent is not necessary for sexual and
4 reproductive health services, which by New York State
5 law are confidential.

6 CHAIRPERSON NARCISSE: Um, you have SBMHCs in
7 charter school and yeshivas? Okay. How many of you
8 have in those two?

9 DEPUTY COMMISSIONER HAYES: We have school-based
10 health centers in public school buildings only.

11 CHAIRPERSON NARCISSE: Not in yeshivas or in...?

12 DEPUTY COMMISSIONER HAYES: No. We provide
13 services to public schools. And, of course, you
14 know, it's--

15 CHAIRPERSON NARCISSE: No charter school? No
16 yeshiva? I think somebody's trying to get your
17 attention here.

18 ASSISTANT COMMISSIONER DAVIDOFF: From the
19 school-based mental health clinic perspective, there
20 are also clinics that are in charter schools and in
21 yeshivas. I know that the Department of Health,
22 particularly the Office of School Health, they work
23 specifically with the clinics that are in public
24 schools. But there are providers that do apply for
25

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2 clinics to serve some of the other schools that--
3 that you named.

4 CHAIRPERSON NARCISSE: So do you know any-- the
5 numbers? How many of them?

6 ASSISTANT COMMISSIONER DAVIDOFF: We'd have to
7 get back to you. I don't have the data on me.

8 CHAIRPERSON NARCISSE: Okay. So, who creates the
9 curriculum and educational materials for health
10 education being offered at those clinics?

11 DEPUTY COMMISSIONER HAYES: In our school-based
12 health centers, we provide clinical care within the
13 school-based clinic. We do not provide health
14 education within the classroom. That-- That health
15 education within the classroom would be under, I
16 guess, the Department of Education.

17 CHAIRPERSON NARCISSE: Is there any input from
18 the public or community based organizations? Do any
19 public-- how do you come up with the curriculum? Do
20 you know? Do you have an idea?

21 DEPUTY COMMISSIONER HAYES: No, I will defer to
22 DOE for that.

23 MS. FRANK: Good afternoon, how are you?

24 CHAIRPERSON NARCISSE: I'm blessed and alive.
25

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2 MS. FRANK: Amen. So, our New York City Public
3 Schools Health Education Department has worked with
4 DOHMH to create various curriculum. So, curriculum,
5 HIV lessons, maternal, infant and reproductive
6 health, as well as LGBTQ affirming instruction. And
7 so partnering with DOHMH, and in order to put that
8 curriculum together to then share with our children,

9 I would also add that the school-based health
10 clinics are an integral part of the school. So, they
11 all always have information that they can share with
12 us to make sure we are engaging in relevant
13 curriculum for our young people.

14 CHAIRPERSON NARCISSE: I have a side question.
15 Like, when those young folks have complicated-- I
16 know they can come without consent from the parents.
17 Is there any phase that you reach out to-- to the
18 guardian or the parents for the underage youth? Do
19 you know?

20 MS. FRANK: So we--

21 CHAIRPERSON NARCISSE: Because I'm always
22 concerned about, you know--

23 MS. FRANK: So, I'm going to defer to DOHMH,
24 because there is a consent piece, but I'm going to
25 defer.

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2 DEPUTY COMMISSIONER HAYES: I'm sorry. Can you
3 repeat the question?

4 CHAIRPERSON NARCISSE: Some of the young folks,
5 they don't get consent. But if something gets
6 complicated, do you reverse back to the Guardian and
7 do you have somewhere in the policy that you have to
8 get the parents? I know some of the things that we
9 do without consent, but when it gets complicated,
10 which phase that we in, kind of engage the parents?

11 DEPUTY COMMISSIONER HAYES: As a clinician, in
12 those situations, of course, you-- you are always
13 going to weigh on the side of what is in the best
14 interests for not only the student but also in making
15 sure that their care is appropriate. So, I think
16 that it varies on the circumstance as to when you
17 would engage parents in into the decision-making
18 process.

19 CHAIRPERSON NARCISSE: Is it a professional call,
20 or a policy call? Do you have it in the book, or...?
21 It's just like they-- According to the healthcare
22 delivery, whoever is delivering the care decided on
23 it? Or do you have a policy on that?

24 DEPUTY COMMISSIONER HAYES: [TO ASSISTANT
25 COMMISSIONER DAVIDOFF:] You could speak to that.

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2 ASSISTANT COMMISSIONER DAVIDOFF: I'd be happy
3 to speak to that for the school-based mental health
4 clinics. So for those, parental consent is required.
5 There are circumstances in which the clinician can
6 make a determination that it's more appropriate to
7 waive the required parental consent. This is all
8 governed by State Article 31, essentially. So it
9 governs the requirements around parental consent or
10 waiving parental consent. And the-- You know, the
11 determination to sort of break confidentiality with a
12 client really is determined by the clinician's scope
13 of practice, and when there are circumstances that
14 are met, thresholds are met, including, you know,
15 potential harm to self or others. There are grounds
16 under which the clinician, according to the scope of
17 practice, is able to break confidentiality.

18 CHAIRPERSON NARCISSE: How many total contracts
19 does the city have with organizations or entities
20 that-- I'm going to leave that one. I'm going to
21 leave contract one. I'm going to come back to that.
22 I'm going to come back to that.

23 So, how are we doing with state funding? Let me
24 see-- The governor announced in the state-- I want
25 to get some statewide, because we have to get money

2 from State. The governor announced in the State of
3 the State funding for providers to start satellite
4 mental health clinics in any school that wants one.
5 Fifty-two high-needs schools in the city have
6 received funding awards. Are you aware of any other
7 providers and public schools that have applied for
8 such funding? How is-- How we can-- I mean, when I
9 said, "How we can...", I'm afraid of that question
10 too, because if you don't get it, then you say the
11 City did not help me, we did not help enough. How
12 are you applying? And because we know there is a
13 needs, whether we like it or not, especially
14 underserved communities, to not have access to
15 healthcare. And that's the reason we are having all
16 this hearing. Because we know it's real, in our city
17 it's real all over, but we want the city to be
18 better.

19 So, that's how we kind of tried to ask all the
20 question, to address the inequities in healthcare,
21 especially in the community, like underserved
22 communities like mine, some part of mine. So in
23 those calls from the Governor, how we-- because I
24 know sometimes the money coming from Federal, they
25 send the money out there, or the State, but our city

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2 is not, kind of, fast enough to get in the, you know,
3 to get in the pile.

4 So, are we getting those applications done? Are
5 we getting some in our cities? What is the plan?
6 Are we going to get them?

7 DEPUTY COMMISSIONER HAYES: So, our funding is
8 actually state funding, and we at DOHMH don't have
9 access to those applications. The funding is going
10 for mental health care providers who are sponsoring
11 school-based mental health centers. So, what we've
12 done is we've encouraged the providers to apply for
13 the funding. This is this is funding that is for the
14 mental health care providers to apply for.

15 MR. HANSMAN: And I will say from the H+H
16 perspective, we-- we submitted 16 applications and
17 got 16 schools funded. So...

18 CHAIRPERSON NARCISSE: That's impressive.

19 MR. HANSMAN: Thank you.

20 CHAIRPERSON NARCISSE: Because one of the things
21 that I've come upon: There's a lot of money that
22 comes from Federal and State, and they are kind of
23 like not making it to the places where they're
24 supposed to make it. In the meanwhile there is
25 needs, but the agency, the different areas are not

2 pushing fast enough for us to get our fair share in
3 the city of New York. And in the meanwhile, we stay
4 with a lot of underserved populations. So, thank you
5 for that.

6 MR. HANSMAN: That's right. I think it was a--
7 It was a priority for H+H when they, you know,
8 released that RFP for us to get that money for these
9 16 schools to supplement what is already being
10 provided.

11 CHAIRPERSON NARCISSE: And for those that-- that
12 are kind of listening, to others that are listening,
13 I hope they run fast enough in the money that the
14 Federal have for us to. So, we can get the-- I mean,
15 I'm telling you. I'm a kind of like upset when I'm
16 hearing funding supposed to be available, and by the
17 time we hear about it, our folks at agencies or
18 different department not applying for the federal or
19 the state money.

20 ASSISTANT COMMISSIONER DAVIDOFF: If I may just
21 add to that: What is currently happening with the
22 allocation of the additional state funds is that any
23 time a provider is applying for a satellite license,
24 which is required to open in a school, they're
25 automatically eligible for the supplemental funding

2 now. So, it's really a nice improvement over having
3 to submit a separate application. It's happening as
4 they're opening the clinics. They basically have to
5 do an attestation, and then they're granted the
6 funds. So, it pretty much should be guaranteeing
7 that as providers are opening in schools, they will
8 be able to do so with the startup funds from the
9 State.

10 CHAIRPERSON NARCISSE: That's good news. So,
11 we're not going to lose out.

12 New arrivals. We have a lot of new arrivals.
13 For those clinics, SVMHCs, have reported challenges
14 with recruitment and retention of Spanish-speaking
15 clinicians, which is needed now more than ever due to
16 the new arrivals and growing number of other-than-
17 English-speaking children in New York City public
18 school. I know French and Creole is big in my
19 district.

20 How is the City helping facilitate recruitment
21 and retention of such-- such clinicians, for both
22 CBOs providers and DOE staff? What type of language
23 access support currently exists at SBHCs, and SBMHCs.
24 Are there staff available on site to offer
25 translation services? How is the care provided for

2 new arrivals different from the care provided for
3 other students?

4 DEPUTY COMMISSIONER HAYES: So, the one of the
5 things that is important is, of course, making sure
6 that there is a line of communication between you and
7 the students to be able to deliver the care. So, the
8 language access is available through our language
9 lines that we have as well as through providers that
10 speak that particular language.

11 So, one of the things that we definitely
12 prioritize is making sure that there is either
13 language line access or a provider that can
14 communicate directly with the students.

15 Yes, there is this difficulty of communication
16 and language barrier that is fully understood and
17 being addressed as much as possible.

18 And I'm going to tell you, I went to-- the couple
19 that I went to, I was very impressed, because the
20 population they were serving, there was a lot of
21 language in there that they needed. And I like to
22 see that, because with the translation, we know
23 things, the message kind of can be lost in the
24 process of translating.

2 So, physical, having people when especially when
3 it comes to care of our young folks, if we can speak
4 the language, I feel like it's a great thing. So,
5 thank you for that.

6 DEPUTY COMMISSIONER HAYES: And you also
7 mentioned, with the mental health clinics, the office
8 of-- the State Office of Mental Health is really
9 focused on making sure that their clinicians have
10 language preference, as well as cultural competency
11 in how they deliver the mental health services to the
12 students as well.

13 CHAIRPERSON NARCISSE: Thank you. And as you can
14 see, we had a long hearing yesterday with a lot of
15 migrant-- the newcomers. And we had a hearing about
16 all the things that they're facing, and one of them
17 was language access. Most from West Africa speak
18 French, but there is a lot of folks that don't speak
19 the French, and people assume they all speak French.
20 A lot of them, but they-- not all, and they have
21 their native language, and language access is the
22 biggest thing they're facing, especially with the new
23 arrivals. I know how difficult it is.

2 So, now, have you encountered any report that you
3 have dialect that the folks are coming that no one
4 can translate?

5 DEPUTY COMMISSIONER HAYES: We try to make sure
6 that that we have staff that is available that can
7 speak that particular language and to communicate
8 with the students as well.

9 CHAIRPERSON NARCISSE: And one of the things that
10 we realized too, even me-- for me as being a nurse in
11 the emergency room, the-- like, not only having the
12 access. It's just like the person to kind of, like,
13 you can speak the same language, sometimes with the
14 stress, the person is not getting it.

15 So, you have to be sensitive. That's why
16 cultural competency is very, very important. And
17 another one that she just puts me is having the
18 access at all times, because some-- some of them were
19 saying that sometimes when they get on the line, to
20 get the language, especially on the line, they are
21 getting folks 24/7 is just like a certain time, they
22 cannot communicate with the person coming to those
23 facilities.

24 I know you don't have that in the school, because
25 it's daytime. But I'm saying, like, in general, have

2 you heard that language access in the clinic-- Let
3 me go back-- not you--- let me you go back to Dr.
4 long, because in the hospital, are you encountering
5 that? Because some of the migrants were saying that
6 that when they get there, they cannot get
7 communication even through the line?

8 DR. LONG: Yeah. So, I would love to talk about
9 language. And also, I just want to-- I wrote down
10 something you said a second ago, and I just wanted to
11 draw the points out because I think it's a really
12 important one. You asked is the same care being
13 provided to asylum-seeking students and existing New
14 York City students. I just wanted to be really,
15 really clear that the care at New York City
16 Health+Hospitals, starting at the arrival center, is
17 the same for everybody without exception. The only
18 difference in care, which is really important one, is
19 the difference of what we do here compared to what's
20 done in Texas.

21 For example, I was at the arrival center this
22 morning for a couple of hours, I saw kids and family
23 members getting vaccinated, going through and being
24 screened for depression. We screen everybody 12 And
25 above for depression. We vaccinate kids for MMR,

2 varicella. None of that's done in Texas. So, by the
3 time people get here, there's huge, potentially life-
4 threatening opportunities that are missed, not taken.
5 And when people get here, it's critical that we
6 provide people with their human right of healthcare
7 in their chosen language. And what I saw this
8 morning was exactly that being done for every family
9 that was entering our doors while I was there, or
10 they came overnight last night.

11 We also at Health+Hospitals have a couple of
12 unique resources just related to language access.
13 For example, not only are 90% of our frontline staff
14 at our humanitarian centers and arrival center,
15 bilingual -- many are trilingual intentionally,
16 bringing on people that speak French -- but we even
17 have some clinics in our system. One is--
18 Unfortunately, Councilmember Brewer is gone, but
19 she's a proud advocate for Roberto Clemente, which is
20 one of our clinics that's unique at Health+Hospitals
21 in that we're insistent that 100% of staff speak
22 Spanish. So, you-- if you go there, it's to your
23 point of: You don't have to wait for language line,
24 you don't have to wait for-- you know, wait for
25 somebody to get on, to be confused about where you

2 should go. Things like that. 100% of people will
3 speak your language if you speak Spanish and go to
4 that clinic, which is predominantly a mental health
5 clinic.

6 So, when we're screening people for depression at
7 the arrival center, anybody that screens positive, we
8 immediately, in your chosen language will pair you
9 with the social worker a matter of minutes later
10 doing a warm handoff. And then we can make a
11 referral and an appointment for you to clinic where
12 literally 100% of staff speak your language. You
13 don't need a language line for that.

14 So, just wanted to make a couple of those points
15 that the care-- We're proud to provide the same care
16 to everybody. But there's a distinct-- and important
17 distinction between what we do here in New York City,
18 what we proudly do, and the lack of what's done in
19 other places like Texas.

20 CHAIRPERSON NARCISSE: Thank you. In all the
21 schools, we have language access, alternative
22 services that they need, all of our schools? I mean
23 for the-- for the clinics within the school?

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2 DEPUTY COMMISSIONER HAYES: We make sure all
3 services are available to the students either through
4 the staffing or through the language line services.

5 CHAIRPERSON NARCISSE: Thank you. I appreciate
6 that.

7 What is the average total number of a staff-- I
8 think the Councilmembers touched that already.

9 They have-- Oh, I have-- Oh, Councilmember
10 Dinowitz. Where I was I?

11 Okay. There's some complaint about a waiting
12 time. So, I want to know: There have been reports
13 of long wait times for a student to receive care at
14 SBHCs due to the staff shortage. Are you aware of
15 that? What is the average time of waiting for them?

16 DEPUTY COMMISSIONER HAYES: I actually don't have
17 that available, but I can get back to you with that
18 information.

19 CHAIRPERSON NARCISSE: Okay, let's say they
20 missed their appointment and they have to go to
21 class. So, how long it takes for them to actually
22 get another appointment?

23 DEPUTY COMMISSIONER HAYES: As was discussed
24 earlier, there's--

25

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2 CHAIRPERSON NARCISSE: Yeah, I heard it. But I
3 just wanted to know how long.

4 DEPUTY COMMISSIONER HAYES: No, no. Just-- you
5 know, there are mechanisms in place to reestablish
6 the appointment, and work with the student, and the
7 teacher, and the clinic to make sure that the student
8 is given priority and seen.

9 CHAIRPERSON NARCISSE: Sure. How long on average
10 do they have to wait, if they miss their appointment,
11 and they cannot wait for the class-- I mean they have
12 class?

13 DEPUTY COMMISSIONER HAYES: I don't have that
14 information.

15 CHAIRPERSON NARCISSE: Okay.

16 DEPUTY COMMISSIONER HAYES: I would have to get
17 back to you with that.

18 CHAIRPERSON NARCISSE: What is the average total
19 number of staff in each SBHCs and SBMHCs.

20 DEPUTY COMMISSIONER HAYES: So, for the staffing
21 within school-based health centers and the school-
22 based mental health centers are usually set up by the
23 actual sponsors or providers. So, we do not
24 necessarily have that I have that particular
25 information.

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2 CHAIRPERSON NARCISSE: Thank you. What are the
3 turnover rates? You don't know for the staffing?
4 You wouldn't be able to answer that either?

5 DEPUTY COMMISSIONER HAYES: We would not be able
6 to, but we can try to get that information.

7 CHAIRPERSON NARCISSE: You can try to get it?
8 Okay. Okay. So-- Let me see. There's some other
9 question I wanted to ask before I finish.

10 I don't want to hold you all evening, but some of
11 the questions-- We are going into budget season, so
12 we still have to get-- to make sure that we have
13 things in order.

14 In the meanwhile, I will pass it on to Chair Lee.
15 I think some of the questions for mental health. You
16 finished? You're good? All right. Um, Chair
17 Joseph? You're good? Okay, so I'm almost done,
18 then. That's very good.

19 Hours of operation and wait times: Anybody can
20 answer that. No?

21 DEPUTY COMMISSIONER HAYES: The school-based
22 clinic hours are open. The school-based clinics and
23 school-based mental health clinics are open during
24 the same times that the schools are open.

25

2 CHAIRPERSON NARCISSE: So, they don't have
3 extended hours in the school. Just exactly from
4 whatever the time the school is functioning?

5 DEPUTY COMMISSIONER HAYES: From the time the
6 school is open.

7 CHAIRPERSON NARCISSE: Gotcha. Thank you. Let
8 me see.

9 Sorry, we're working together to make sure most
10 important questions are being asked. And then since
11 we're going into budget season, so whatever that we
12 have to do with our staff, on our part, if you can
13 support anything, to subsidize because we are here to
14 represent New York City. And as a nurse being in the
15 seat there, so that's why I'm taking a little time to
16 make sure all the questions I ask, so we can make
17 sure the best way we can represent, especially when
18 it comes to underserved communities, there are no
19 excuses for us. So, that's the reason.

20 What are the impacts of social media on mental
21 health? Has DOHMH notice any related trend amongst
22 students, especially? If so what steps are you
23 taking to address this issue?

24 ASSISSTANT COMMISSIONER DAVIDOFF: So, this is an
25 issue that is a priority for the Health Department.

2 And we are currently taking a very close look at
3 those important questions. And as we are learning
4 more about this, I'm happy to get back to you with
5 some more specifics. Yeah, I think that-- Yeah,
6 that's probably-- Yeah, I think we'll leave it at
7 that. But absolutely a priority and very much
8 concerned about impact of social media on youth
9 mental health.

10 CHAIRPERSON NARCISSE: Because our children are
11 living on social media nowadays, and self-esteem is a
12 big problem too. And bullying: I don't want to say
13 that is down, but we still have to pay attention to
14 that. Social media is a good thing, but it can be a
15 bad thing in our society.

16 How are SBHCs involved in identifying--
17 identifying signs of lead exposure in children. What
18 steps are you taking to address evidence of lead
19 exposure? Do you have any lead exposure that you
20 know of in our buildings, in the school buildings?
21 For young folks?

22 DEPUTY COMMISSIONER HAYES: We-- Within the
23 Health Department, we do have a lead prevention
24 program that we work along with the primary care
25 providers who do lead testing among their younger

2 kids. Usually for best practices, lead testing is
3 done at an early age and then, based on the level,
4 will then decide whether or not environmental
5 interventions need to take place. So, that is
6 usually done at a, you know, primary care level
7 early-- early on.

8 And we also do have within the Health Department,
9 early intervention programs that also work with
10 families who have had lead exposure and can have some
11 developmental delays as well.

12 CHAIRPERSON NARCISSE: Since we have been having
13 issues, especially when it comes to public housing
14 that we have: Have you seen any of those children?
15 Because at one point, we had a lot of housing, public
16 housing, where young folks had been exposure-- been
17 exposed to lead. So in the testing-- So should I--
18 I don't know who can answer that. To the testing:
19 Are we testing our children still for lead?
20 Epecially-- I know at an early age we do, but
21 especially in the-- since we have clinics in the in
22 the school building. Are we approaching that as
23 well, to make sure our children that being--?
24 Because we know that-- You just mentioned the damage
25 that lead can do to your-- to you as a person.

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2 DEPUTY COMMISSIONER HAYES: So, we can follow up
3 with you on that.

4 CHAIRPERSON NARCISSE: Okay. Chair Joseph, do
5 you have a couple of questions?

6 CHAIRPERSON JOSEPH: Yeah. I just have a quick
7 question. In terms of suicide among young people,
8 you have a mental-based clinic. What are-- Are you
9 seeing any trends? And what-- And if you are, what
10 are we doing? And that can go across the board. It
11 doesn't necessarily just have to be DOH. It can be
12 H+H as well. As we are receiving new New Yorkers,
13 what are you seeing in terms-- in terms of suicide
14 ideations among young people? Because we are seeing
15 a trend going up in numbers. And what is being done
16 to support young people around that area? And Teen
17 Space you talked about. I had a quick question
18 around Teen Space. I know it's from 13 to 17. Do
19 you need parental consent to use it?

20 ASSISSTANT COMMISSIONER DAVIDOFF: I'll enter the
21 Teen Space question. Then I'll go back to your
22 original question. For the Teen Space: Yes, you do
23 need parental consent to use it, and the same waiver
24 exceptions that I described earlier also apply in the
25 case of Teen Space.

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2 CHAIRPERSON JOSEPH: Okay.

3 ASSISTANT COMMISSIONER DAVIDOFF: In the case of
4 suicidality: So, what we do know is (and this is a
5 population level, you know, estimate I'm giving you
6 rather than specifically what's happening in school-
7 based mental health clinics), we do know that over
8 the past 10 years (which in this case, our data is
9 going from 2011, to 2021) we have seen rates of
10 suicide ideation increase from 11.6% to 15.6% among
11 New York City high school students.

12 CHAIRPERSON JOSEPH: And what-- what is being
13 done to support students with suicide ideation?

14 ASSISTANT COMMISSIONER DAVIDOFF: Yeah.
15 There's-- I can speak a little bit about the Health
16 Department perspective, but I think the DOE does
17 quite a bit around suicide prevention. So, I'd also,
18 you know--

19 CHAIRPERSON JOSEPH: Yeah, we passed a bill in
20 the Council, 988 to be available in our public
21 schools. That was a bill Councilmember Bottcher and
22 I, we co-sponsored together.

23 ASSISTANT COMMISSIONER DAVIDOFF: So, with 988,
24 specifically: Yes. So, one of the initiatives that
25 was mentioned earlier, the Mental Health Continuum,

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2 one of the areas that the Department of Health is
3 collaborating with the Department of Education on--

4 CHAIRPERSON JOSEPH: And H+H.

5 ASSISTANT COMMISSIONER DAVIDOFF: And H+H.

6 Well, it's-- The good collaboration as among all
7 three of us, for sure.

8 CHAIRPERSON JOSEPH: I know. I fight for this
9 very hard every year. So, we need a baseline in this
10 budget.

11 ASSISTANT COMMISSIONER DAVIDOFF: So,
12 specifically, one of our goals is to ensure that
13 there is widespread knowledge of the availability of
14 988, and children's mobile crisis teams that can come
15 out to any of the schools, and just making sure that
16 that school students, school personnel are aware of
17 that has really been a priority of ours. So, that's--
18 - that's part of the collaboration that's happening.
19 I'm happy to turn it over to...

20 MS. FRANK: Hi. How are you? I would build on
21 that. We're doing a lot of awareness and
22 understanding for staff around-- so what does it look
23 like, right? Because sometimes it doesn't-- Suicide
24 or the thoughts of suicide doesn't look the way we
25 think it's going to look. Actually there's no look,

2 right? But being able to see the signs and being
3 able to have relationships with students that you can
4 ask the question, "Are you okay? What's going on?"
5 And having students feel safe, so doing trainings for
6 staff so that they can understand what that looks
7 like?

8 We've also been engaging with trainings for
9 students, right? What does it feel-- What does it
10 feel like to not feel like me? What are the signs,
11 not only for myself, but for my friends, so that they
12 can become peer supporters, right? We're also
13 working with parents. Having parents being able to,
14 again, recognize what is not recognizable, and being-
15 - really being able to create a cycle of support
16 through all of our partnerships. But where you can
17 see a through line, so that there is no crack,
18 right?, so that our children to not fall through the
19 crack.

20 And so that's what we've been working on, and
21 continuing to do: A lot of research, a lot of
22 inquiry, and listening a lot to our young people.

23 CHAIRPERSON JOSEPH: We have to. We have to
24 listen. And thank you for making sure that families
25 are part of this educational journey. And I keep

2 saying that, and the Chancellor can say I say this
3 over and over: Parents must be included in these
4 conversations as well.

5 MR. HANSMAN: Just from the-- A little bit more
6 on the H+H perspective, especially with the Mental
7 Health Continuum, because that is such a powerful
8 program affecting so many kids in so many schools:
9 Part of that work is, you know, having the clinician
10 supporting the schools and identifying individuals in
11 crisis and how to support those individuals with or
12 without the clinician.

13 So, we're not calling 911 as well, right? So,
14 accessing things like 988, accessing things like the
15 clinician on site, or accessing things like the care
16 that we provide in our acute care facilities, in our
17 clinics, right? So, I think, you know, the continuum
18 is such a powerful model, because it is such a great
19 partnership between, you know, you all in City
20 Council, you know, The Administration, H+H, DOHMH,
21 DOE, and the advocates that I think it's this great
22 model of how this can be successfully done in in
23 schools across the city.

24 DR. LONG: And just to add one thing on to that.
25 I think you bring up a really important point. And

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2 it's, like, one of those examples of what's
3 emblematic of New York City doing something that's
4 unique and powerful. And now if we could do a good
5 job of it here, others can and should follow.

6 I just want to give another quick example that.
7 At the arrival center, you asked about newly arriving
8 students. What we do to engage them, and what the
9 what care we offer to them: I'm not familiar with
10 any other city that does universal PHQ, or depression
11 screening for everybody 12 and above. Every single
12 person come into their city. As-- Within a matter of
13 minutes after they arrive at our arrival center.

14 But I think this is another good example of, in
15 New York City, we weren't going to wait for somebody
16 else to do it first. There was no blueprint about
17 this, no playbook, but we saw the incredible trauma
18 these unfortunate children had been through. So, we
19 acted first.

20 And now I'm really proud that we've had over
21 130,000 asylum seekers come through the arrival
22 center. We screen everybody 12 and above for
23 depression. That's a huge has a huge impact.

24 CHAIRPERSON JOSEPH: That's a win-win for the
25 city, asylum seekers. As being one of the people who

2 were at the frontline, down under that bridge in
3 Texas: When I spoke to them, they had traveled five
4 months, had traveled six months on the road. "I've
5 lost family while I'm traveling to this spot in
6 Texas." So, we know the trauma they carry. And
7 thank you so much for being able to provide the care
8 that they need. And we will-- Mental Health
9 Continuum for us has to be baselined in the budget,
10 and it has to be expanded more across the city.

11 Thank you.

12 CHAIRPERSON NARCISSE: Thank you, Chair. That's
13 why when you have a teacher, because I was thinking
14 about it. You've got to inform first, because you
15 understand the dynamic of our youth in the school
16 building.

17 And what is-- I heard the statistic that it
18 increased to 15%. What do you think is the cause of
19 it? Yeah, that was...

20 I know you love-- It's good exercise for you.
21 Because we're sitting here.

22 Yeah, you had given the-- you've seen an
23 increase. What you think is the cause of the
24 increase? Is it the new folks that are coming in the
25

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2 city, the new diagnoses that we're making? What's
3 causing the increase?

4 MS. FRANK: You are referring to the increase in
5 suicide?

6 CHAIRPERSON NARCISSE: In the-- Suicidal? Yeah.

7 MS. FRANK: Suicidal. Sorry. I just wanted to
8 be sure of the question. I think honestly, it's
9 everything, right? It's what we're seeing all over
10 the country. It's after COVID. I think we tend to
11 believe that suicide just started happening. It
12 hasn't. There's more awareness. There's more people
13 talking about it, right? In social media, right?
14 So, the good side of social media, right?

15 CHAIRPERSON NARCISSE: Yeah. Mm-hmm.

16 MS. FRANK: Talking about suicide. So it's more
17 of an awareness, right? So, I don't necessarily say,
18 you know, "Increase, increase." It's...

19 CHAIRPERSON NARCISSE: Sometimes you have some
20 disease, if I may, that if you're not having the
21 screening done, you think that you don't have it
22 because all the numbers you're getting is making good
23 sense. But in the meanwhile, there's people that's
24 not coming, you're not testing it. So now, since
25 we're exposed to it, maybe that's where the increase,

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2 maybe, more people talking about it. What is that?

3 You were getting somewhere with me, and I'm trying to
4 get with you.

5 MS. FRANK: I think it's a combination.

6 CHAIRPERSON NARCISSE: A combination.

7 MS. FRANK: I think it's a combination, right?

8 The way we think about life, the way we look at life
9 after COVID. And it's not just indicative of New
10 York, right? I think what-- And if I dare say so,
11 right?, a lot of these things we were doing before
12 COVID around mental health, and-- but what COVID, you
13 know lit that fire under us and saying, it's like,
14 "Wow, you need to do more of it. You need to do it
15 more consistently. And you need to make sure all
16 parties are involved." Because if everyone isn't
17 involved, we lose something, right? There's a
18 possibility of us losing someone.

19 And so, focusing on the increase, plus-- because
20 if-- right? And we can attribute increase-- That
21 any day of the week, we can attribute a reason for an
22 increase, right? But it's more about: What are we
23 doing to have a decline in areas such--

24 CHAIRPERSON NARCISSE: Mm-hmm.

25

2 MS. FRANK: Right? Because I'm not okaying an
3 increase, but I think it's a cause, right? But is
4 there such a thing as a decline? And how can we
5 really invest in understanding the different levels
6 of mental well-being. And having those conversations
7 with our children from small, right? It's never too
8 early. It's never too early to talk about physical
9 well-being. It's never too early to talk about:
10 When you feel sad, what do you do? And how do we
11 make that happen consistently? How do we make it
12 happen in our classrooms? How do we make it happen
13 at norms with our families at home. And of course,
14 at our clinics.

15 CHAIRPERSON NARCISSE: I appreciate it. We came
16 a long way. I'm very proud to be in the City of New
17 York. Despite all our problems, we are willing to
18 tackle things together. And if one thing that COVID
19 led us to do, is to work better together to improve
20 the city. Despite all the new arrivals people have
21 issues with. But this is New Yorkers, and I think
22 that when Dr. Long was talking about, so excited,
23 you're always about the opportunity to do better.

24 And that's why we are here. Dr. Hayes, I know
25 when you have a person that understands the

2 inequities. I'm-- It's just like having different
3 faces representing New York City and are interested
4 in coming with the cultural competency, know the
5 problem that we have, and are willing to deal with it
6 and face it is the best way. Because being a nurse
7 in this City of New York, I have to tell you that-- I
8 can tell you that I enjoy every bit of it every day,
9 because I believe in New Yorkers.

10 And like we said, we want to be the first in line
11 to address things that we need to address, and to be
12 the role model we are supposed to be.

13 So, having said that, I want to say thanks to my
14 colleagues, all my colleagues, all of the Chairs,
15 Chair Lee, Chair Rita Joseph, and Chair Schulman, and
16 all the staff, amazing supporters, the Council, the
17 team, from Ferdinand, for everyone that was working
18 together, and you working together to be here. So,
19 for us to address the issues.

20 Despite the new arrivals, I still believe that
21 New York City, we're in it to win it every day, to do
22 the best weekend, and I appreciate your patience.

23 So, I thank you, we're going to continue with
24 other things that we need to continue. But I do
25 appreciate you. And I want to say thank you from the

2 bottom of my heart, and to everyone that stayed for
3 the time. Thank you. I appreciate you. Because
4 that's how New York City, we're going to lead by
5 example. So, thank you. The best we can be. Thank
6 you.

7 And of course, I can not forget my chief of
8 staff, all the staff that make us actually continue
9 doing our work. So, thank you, thank you, thank you.

10 Now-- I now open the floor to public testimony.
11 And then-- Sorry, we're finished. Thank you with
12 that. Thank you. You gave us all the time, you
13 know, that we needed to address, you know, the issues
14 the questions, thank you.

15 And if you want to stay, don't count on me. You
16 can stay all you want. I'm going to be for be here
17 for a little longer.

18 I now open the floor to public testimony. Before
19 we begin I remind members of the public that this is
20 a formal government proceeding and that decorum shall
21 be observed at all times. As such members of the
22 public shall remain silent at all times. The witness
23 table is reserved for people who wish to testify. No
24 video recording or photography is allowed from the
25 witness table.

2 Further, members of the public may not present
3 audio or video recordings as testimony, but may
4 submit transcripts of such recordings to the sergeant
5 arms for inclusion in the hearing record.

6 If you wish to speak at today's hearing, please
7 fill out an appearance card which the Sergeant at
8 Arms will give you, and wait for your name to be
9 called.

10 Once you have been recognized, you will have two
11 minutes to speak on today's hearing topic of school-
12 based health centers and school-based mental health
13 clinics. If you have a written testimony, or
14 additional statement, or additional written testimony
15 you wish to submit for the record, please provide a
16 copy of that testimony to the Sergeant at Arms. You
17 may also email written testimony to testimony
18 testimony@counsel.nyc.gov within 72 hours of the of
19 this hearing. Audio and video recordings will not be
20 accepted.

21 I now call the first panel, which will include
22 youth from Generation Citizen. Thank you for being
23 here. Now you can come forward. Thank you. I'm
24 going to start calling the names that registered.

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2 Christina Carissa. I hope I said it right. You
3 can correct me when you come up. Steven Baumgarten
4 is a teacher. Okay. Jocelyn Consuela is a student.
5 Fatimata Bari, a student. Samantha Jiminez. Thank
6 you.

7 I hope I didn't-- If I butchered your name, and
8 you want to make correction you may do so. Thank
9 you.

10 Now, we can begin from the-- Oh, sorry, you look
11 so young. Sorry.

12 MS. KARAHISARLIDIS: Okay, good afternoon. My
13 name is Christina Karahisarlidis (it is a long one).
14 I'm a Program Manager at Generation Citizen at our
15 mid-Atlantic region. But before joining generation
16 citizen, I was actually a high school English teacher
17 in the New York City DOE for seven years.

18 So, it is an absolute honor to be here today
19 alongside an educator, inspiring educators also with
20 us, and these hugely inspiring students and our
21 change makers.

22 First and foremost, thank you Chair Joseph and
23 the City Council, City Council Education Committee,
24 for your advocacy and commitment to maintaining New
25

2 York City's education budget. And thank you for
3 having us all at today's hearing.

4 Generation Citizen is thankful for the Council's
5 \$500,000 investment this year in our programming and
6 our youth civics education. The City Council has
7 generously funded the initiative for GC since 2017,
8 when we originally meant to support our programming
9 in 125 classrooms. But since then, we've actually
10 doubled our programming.

11 And we know that this is a very difficult fiscal
12 year, but we hope to continue our trajectory of
13 growth in New York City, and we are seeking an
14 additional \$100,000 for the next year to continue the
15 expansion of civic education across the city.

16 As I said before, in my previous role as a high
17 school English education teacher, I served in Title
18 One schools, and I saw firsthand the detrimental
19 effects that limited access to school-based mental
20 health clinics and health centers has on our young
21 people. My students' emotional needs were often not
22 met, because they were not able to secure a meeting
23 with their guidance counselor who was overworked,
24 overbooked, over-everything. They had too many
25 students on their caseload, and oftentimes students

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2 relied on their classroom educators to provide that
3 emotional support for them. But the issue with that
4 is that classroom educators are not properly trained
5 to handle these situations.

6 We need to create more opportunities for our
7 young people to get the care that they need while
8 they're at school. Since working at Generation
9 Citizen, it's been a privilege to see our young
10 people advocate for themselves and each other through
11 our action civics projects on topics such as this.

12 Today we are very thrilled to present the hard
13 work of our partner High School for Health
14 Professions and Human Services. Our global history
15 teacher is next to me, Stephen Baumgarten, and the
16 ninth graders Jocelyn Consuela, Fatimata Bari, and
17 Samantha Jimenez will share issues and concerns that
18 emerged from their implementation of GC's curriculum.

19 So, I'm happy to turn it over to Steven.

20 MR. BAUMGARTEN: Good afternoon. Thank you for
21 the opportunity to testify here today. My name is
22 Steven Baumgarten. I'm a social studies teacher at
23 the High School for Health Professions in Manhattan.

24 It's my first year at the High School for Health
25 Professions, but I worked the previous five years in

2 District 29 in Queens at a middle school. And I've
3 also worked for the past decade as a paramedic, both
4 in New York City and throughout the state. So, it's
5 given me a bit of a unique perspective to see
6 healthcare and mental health both inside the schools
7 and outside of schools.

8 And what I've noticed throughout my career, the
9 fact that the lack of mental health services has
10 negatively impacted our students.

11 As a teacher we served educate our students and
12 help them grow to be well rounded individuals so that
13 they can become the change-makers of tomorrow.

14 However, while we want what's best for our students,
15 and seek to support our students, teachers are not
16 mental health clinicians. Similarly, while guidance
17 counselors are present in schools, their role is
18 often heavily skewed towards helping guide students
19 academically.

20 Not all students will need mental health support,
21 but all students need academic support. Therefore,
22 the few guidance counselors in our schools are not
23 well-enough-equipped to handle the variety of mental
24 health concerns for our students. Our schools are in
25

2 desperate need of additional mental health services
3 to support all of our students.

4 Unfortunately, without mental health services in
5 school, students in crisis inside and outside of our
6 buildings fall victim to a system that does not give
7 them the health care they need to deal with mental
8 health issues. Left without trained mental health
9 clinicians in our school to address our students in
10 crisis, students are left at the whims of our pre-
11 hospital 911 system that often ends in emergency room
12 visits, rather than providing them with the
13 healthcare services they truly need.

14 Further, the best way to prevent these crises is
15 through preventative mental health care in our
16 schools. Preventative healthcare is the best health
17 care, and mental health clinics will do just that for
18 our students.

19 This year, my student that I've been working with
20 Generation Citizen on an action civics project. For
21 this project my class discussed issues that impacted
22 us within our community, and to build a consensus
23 around one topic to address collectively.

24 This project has been one of the most report
25 rewarding parts of my tenure teaching, as students

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2 are not afraid to stand up and fight for the issues
3 they think are important.

4 My students decided to focus on mental
5 healthcare. They chose this goal because it's an
6 issue that affects them all. They know that when
7 they use their voices collectively, they can use
8 their collective power to change our communities.
9 Our students are committed to the issue of mental
10 health and ensuring that there are more mental health
11 school-based clinics in our schools. We need more of
12 these clinics because we need to support our
13 students, and we know that by providing health care
14 in our schools our students are healthier. And when
15 students are healthier, we know they learn better.
16 We need to listen to our students because they know
17 what they need for themselves when it comes to mental
18 health care. Thank you all. I appreciate it.

19 MS. CONSUELA: Good afternoon, and thank you for
20 the opportunity to testify at today's hearing. My
21 name is Jocelyn and I am a student at HPHS, also
22 known as High School for Health Profession and Human
23 Services.

24 I have participated in an action civics project
25 through Generation Citizens this year. I am

2 testifying today because mental health is important
3 to me as well as my classmates. We believe that
4 there should be more school-based health centers and
5 more school-based mental health clinics.

6 Coming from a person that has been sent to
7 several mental health clinics throughout the years, I
8 am thankful for every single one of them, and
9 strongly believe that everyone should have the
10 opportunity to have a healthy treatment to recover
11 from mental health issues they can be suffering from.

12 Furthermore, having support in schools can really
13 impact a student's life, it can help them get better
14 academically and emotionally. Sometimes, students
15 won't show up for school due to mental health issues.
16 So, having this type of support in school can really
17 help improve their attendance and emotional state,
18 motivate them to be a better person overall, while
19 also helping them emotionally.

20 With this in mind, knowing how to handle social
21 emotions is a life skill everyone should carry with
22 them. Students in particular can benefit a lot for
23 knowing how to handle social emotions. Some benefits
24 could be a sense of safety and security, while also
25 positive interactions with teachers and peers.

2 From my experience with trying to cope with
3 social emotions, it has been a challenging obstacle
4 throughout my life. But knowing how to handle it set
5 me up for success in ways I couldn't imagine. For
6 example, I have been more stress-tolerance free, and
7 when school is overwhelming me, I know how to handle
8 it in a healthier way.

9 In addition, knowing how to handle social emotion
10 keeps me at a stable balance with my moods and helps
11 me manage impulsive behaviors while also navigating
12 me through healthy relationships with others.

13 Thank you for the opportunity to testify today's
14 testimony about an issue that is important to me and
15 my classmates. I hope hearing this testimony made
16 you all more aware of issues regarding mental health.

17 MS. BARI: Good afternoon, thank you for the
18 opportunity to testify at today's hearing. My name
19 is Fatimata Bari. I'm currently in the ninth grade
20 at High School for Health Professions and Human
21 Services, where I have been participating in a
22 semester-long action service project through
23 Generation Citizen.

2 For this project, my class discussed issues that
3 impact us within our community and build consensus
4 around one topic to adjust collectively.

5 After much debate, we decided to focus on the
6 role that mental health and drug abuse plays with
7 homelessness, and to set a goal to enlighten the
8 people who do not consider this problem, and how it
9 is affecting the new generation.

10 We think mental health services are important to
11 our goal, because it is something that affects kids
12 all over the world, and it has not been getting
13 better but worse. Because of the new substances such
14 as street drugs, prescribed drugs that have been
15 mixed with other drugs that have been made and that
16 that is getting into the hands of kids who might be
17 struggling with mental health.

18 I am testifying today because all over the world,
19 mental health strikes middle and high schoolers.
20 Since middle school, I have seen how my classmates
21 can go from being okay, then going through something
22 that is hard, and start to develop mental health
23 issues. This may then lead to them being introduced
24 to legal or illegal substances that leads them to
25 stop doing work, changes their ways, do things they

2 never did. Then even after that, the trauma they
3 went through isn't gone, but they have already been
4 used to the substance they are taking, which ends up
5 impacting them the hard way. It includes not going
6 to school, hanging around with people who are also
7 addicted to substances, cutting ties with their
8 family, and then becoming one of the homeless living
9 on the trains or street. It can be as something as
10 small as a family death, and not knowing the right
11 way to take care of their grief that can turn someone
12 into a homeless high schooler on the street.

13 My input on this is that the drug, the substance,
14 the alcohol that are being made, that are legal,
15 should not be in the hands of kids whose brains have
16 not been developed. It should not be in the hands of
17 grieving kids. The companies should look deeper
18 first to whom they're given the substances to sell.
19 Because the problem is not the kids, but how easy it
20 is to access it as a kid. The rules and regulations
21 are not being upheld by the sellers, which leads to
22 so many kids losing their original perspective.

23 As I wrap up my testimony, I would like to end by
24 saying that there needs to be more services in
25 schools such as drug experts, or people who are very

2 familiar with the problem to come talk with students.
3 They could let us students know what these drugs and
4 substances are, explained to us what these drugs
5 contain, and show students who have mental health
6 problems, and are considering drugs, that there are
7 better ways to cope. Thank you for the opportunity
8 to submit this testimony about an issue that is
9 important to me, and my classmates, and you too.

10 MS. JIMINEZ: Hello, and thank you for allowing
11 me to have this opportunity to testify today's
12 hearing. My name is Samantha Jimenez, and I'm
13 currently a freshman at the high school for Health
14 Professions and Human Services, where I've been
15 participating in a semester long action civics
16 project through Generation Citizen.

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

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

13 At one point, I saw my grades begin to drop, and
14 I stopped doing the things I enjoyed the most. My
15 mind was filled with negative thoughts, not knowing
16 how to cope. I decided help was necessary.

17 My first talk with my guidance counselor, I was
18 given the same advice I've heard for the longest
19 time: Don't let it get to you. People love you.
20 They care about you. You'll get over it. It made me
21 feel like my feelings were invalid. The activities
22 they made me do made me feel like I was a toddler
23 throwing a tantrum: coloring books, affirmation,
24 fidget toys and journaling was all I was given.

2 The activities they would give me never really
3 seemed to help. I struggled all throughout middle
4 school. However, I'm happy to say that my mental
5 health has gotten better, but I feel that the support
6 I got from the school and never really made an
7 impact.

8 Our project release to this committee since the
9 decisions you're taking today will not only impact
10 students mental health, but also their day-to-day
11 lives. There are tons of other students who have
12 also struggled with their mental health, letting it
13 affect their education and in some cases leading to
14 bad habits and addictions.

15 Mental health is something everyone deals with.
16 What matters is getting the necessary help you need.
17 Through Generation Citizen my class and I believe
18 it's best that more awareness is raised about mental
19 health support throughout NYC schools and more
20 impactful activities are done with students who have
21 reached out for help. The New York City Council
22 needs to hear about this issue since the ignorance of
23 mental health can lead to future drug abuse, crimes,
24 and violence. You're not only helping the people of
25

2 today with your decisions, but the leaders of
3 tomorrow.

4 CHAIRPERSON NARCISSE: I am so appreciative of
5 you young folks coming here. I appreciate you
6 teachers, the leaders in the school. But having
7 young folks coming here. I know Rita is probably
8 having a party right now.

9 As a teacher, me as a nurse and a mom of four, I
10 am so appreciative for young folks that come out and
11 be a leader and explaining and telling us what's
12 going on. I hear you. I'm with you. I see you.
13 And having testimony like you taking the courage--
14 I'm not dismissing you, but I'm so excited for you to
15 be here and talking to us. And I don't know how to
16 say the courage you have, the leadership in you, I
17 can see you where I'm sitting eventually, you know,
18 addressing and helping make the city a better place
19 for all of us.

20 So, I thank you. I thank you, and we hear you.

21 I think I have a question for you: Do you find
22 that-- when you were-- I think you mentioned
23 something about like folks that-- are not being
24 addressed, like the turn like they turn to, you know,
25 to-- I think, in a way to make them feel better, like

2 drugs and different things. So, do you find there is
3 a rise in that kind of things around you? Because
4 since we have so many-- I know Gale Brewer would love
5 to be here to talk about it. But do you find an
6 increase due to the all the smoke shop we have around
7 us?

8 MS. JIMINEZ[?]: Yeah, I do feel like it's
9 becoming more higher, because there are more smoke
10 shops being made. And those most shops, the sellers
11 are just selling to anyone, not following those rules
12 and regulations to who should get those substances.

13 CHAIRPERSON NARCISSE: I have some young folks in
14 my lives all the time, because I need to hear from
15 you. Because if we-- you're not telling us, we don't
16 know. Because I have learned that I have to sit and
17 listen to you. Because if we want to make the
18 changes for the next generation to come. So, what
19 can I say? I appreciate your leadership.

20 So, I want to turn it-- I think, Chair Lee first
21 because of-- I guess this is mental health. So, I
22 was going to say thank you. But I think I am so, so
23 happy that you're here. Thank you. And Chair?

24 CHAIRPERSON LEE: I just want to say thank you as
25 well for sharing your testimony. And also, what I

2 wanted to share is that we have a mental health
3 roadmap that we came up with on the City Council. We
4 had a few phases that we came up with already along
5 the way. And the next step of the roadmap that we
6 want to focus on this year, one of those stops is
7 actually youth.

8 So, we are going to start conducting roundtable
9 conversations coming up. And so, you know, we'd love
10 to have some of your students, and to have you guys
11 come and express your thoughts and ideas. Okay,
12 don't look scared.

13 CHAIRPERSON NARCISSE: You're a leader. I'm
14 telling you. You come to us. We need you.

15 CHAIRPERSON LEE: No, but we need your voices at
16 the table, especially if we're talking about youth
17 mental health. And I think that's a big issue. The
18 substance use issue is huge. We're supposed to be
19 getting a lot of opioid money that's supposed to be
20 going to the community. We don't know yet if that's
21 happening. So, we'll try to get more data on that.
22 But I appreciate you saying that, because you know,
23 myself also and a lot of my friends growing up in
24 different, you know, immigrant communities, you know,
25 we couldn't feel-- we didn't feel like we could talk

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2 about mental health. It wasn't a thing. And one of
3 the reasons why I'm very adamant about this issue is
4 because I have very close family and friends with
5 severe mental illness, and no one talks about it in
6 our family. So, I just really am so appreciative
7 that you all came here today to share your testimony.
8 So, thank you.

9 CHAIRPERSON NARCISSE: And I want to say thank
10 you again to the leadership that brings them.
11 Because you know you-- I know you get encouragement
12 somewhere. So, I want to say thank you for everyone.

13 I have just pass it on to the Chair of Education
14 that is excited to talk to you.

15 CHAIRPERSON JOSEPH: Of course. Every time young
16 people show up to advocate for themselves, it's a
17 win-win. So, thank you for being here. But I have
18 two questions: What's the process for requesting
19 mental health services at your school? And what's
20 the average length of time that it takes to connect
21 you with someone if no one is immediately available?

22 MS. CONSUELA: Sorry. For our school-- Well,
23 personally me going to my counselor, it's like one
24 day. Like I could request to go to her, and I'll go
25 to her. Like, for me, it's not long, but I do know

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2 kids who's, like, chances aren't that big. They have
3 to wait, like, on the line because there's mostly a
4 lot of kids who are struggling these days. So, yeah.

5 CHAIRPERSON JOSEPH: Mm-hmm. So, the caseloads
6 are a lot. We know that.

7 Fatimata, this question is for you: Have you
8 heard of SAFS? Do you have SAPIS counselors at your
9 school? They're supposed to be counselors helping
10 with drugs, work-- SAPIS workers.

11 MS. BARI: No, I haven't heard about those.

12 CHAIRPERSON JOSEPH: Has anyone provided lessons
13 in the classrooms about drugs?

14 MS. BARI: Yeah, in health class, we do talk
15 about drugs. That's when I learned more about the
16 drugs, and thought I should talk about this.

17 CHAIRPERSON JOSEPH: But no SAPIS workers? We'll
18 talk offline.

19 Thank you so much for being here, young people.
20 I love the fact that you're here. Yes, I'm having a
21 party because you're here to advocate for yourself.
22 Thank you. And LTW I see you on the top. I see you
23 and I hear you. Yeah.

24 CHAIRPERSON NARCISSE: I just want to say thank
25 you. Thank you. Thank you. Keep on coming. Keep

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2 on knocking on the doors. Keep on talking and be
3 vocal about things that you see, and you can make New
4 York City the greatest city ever. We're still the
5 greatest city, but you can make it even greater.

6 Thank you. Thank you.

7 We're not perfect, but we're still a great city.

8 Casey-- The next, Casey Starr, Fiodhna O'Grady
9 (like I said you can correct me if I butcher your
10 name). Kumarie Cruz. Ania-Lisa Etienne. That one I
11 would not say wrong. If I do that, my grandmother
12 would beat me up.

13 You can begin. Thank you.

14 MS. STARR: Thank you, Chairs Lee, Narcisse, and
15 Joseph for the opportunity to speak today. My name
16 is Casey Starr, and I'm the Co-Executive Director of
17 Samaritans, New York City's only community-based
18 organization solely devoted to suicide prevention.

19 I'm going to go off script a little bit from my
20 prepared statement. The first is just to address the
21 Teen Space conversation that you had. You asked a
22 question about actual use and engagement. It wasn't
23 responded to. So, I think it's really important to
24 follow up with: What are the level--

25

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2 CHAIRPERSON NARCISSE: [INAUDIBLE] yet. So, give
3 me one second. All the young folks that was in the
4 room, I appreciate you that you came out. Thank you.
5 You're going to make that city even greater than what
6 it is now. All right? Thank you for your time.

7 MS. STARR: Apologies.

8 CHAIRPERSON NARCISSE: Yeah.

9 MS. STARR: So, getting clarity about what are
10 the actual contracted levels of service. There must
11 be something in place. And so, what's the actual
12 engagement? What are they-- What's the money going
13 for? What are the levels of service? And how are
14 they measuring efficacy? It is really important with
15 the with a contract like that.

16 The other thing is, Councilmember Lee started
17 with talking about how 50% of all lifetime mental
18 illness happens before-- by age 14 and 75% by age 24.

19 So, there's perhaps no more of an important time
20 in someone's life to receive mental healthcare
21 support than in schools. And we know that if you
22 look at a graph of youth emergency department visits
23 for mental health emergencies, there's a clear trend
24 and it looks like a U. When you start in January,
25 it's high. When you get to the summer months it

2 drops almost down to nothing. And as soon as we're
3 coming back into school, it's high again.

4 We know that most youth suicides occur in the
5 home after school, not during the summer, not on the
6 weekends. And 83% of adolescents say that school is
7 a significant point of stress. So, to not be
8 prioritizing those mental health clinics, that
9 social-emotional learning is a significant problem in
10 looking at how the DOE and the Department of Health
11 is look-- is considering what to do.

12 Suicide prevention efforts cannot be reactionary.
13 They have to be embedded within our community
14 structures, especially our schools, because that's
15 where young people spend most of their time. We know
16 that there's a negative impact of social media, and
17 yet we're going after young people in that same exact
18 platform where you have this place, school, where you
19 can restrict that and actually connect. And so it
20 seems like this isn't being given the appropriate
21 attention.

22 So, that's my off-script statement.

23 CHAIRPERSON NARCISSE: Thank you. You summarized
24 it very nicely. Yeah, we need that. Thank you.

2 Hello, everyone, and thank you Chair Lee, Chair
3 Joseph who is not here, and of course, Chair
4 Narcisse. My name is Fiodhna O'Grady and I'm
5 Director of Government Relations for Samaritans.
6 We're a steadfast provider of suicide prevention
7 services for over 40 years, and our 24-hour hotline
8 is the cornerstone of this effort, offering the-- New
9 York City's only anonymous and completely
10 confidential crisis service to New Yorkers, which is
11 different to the 988 number which says it's
12 confidential, but only up to a point, which is
13 another thing that we are discussing with you, and
14 that Casey speaks at the National Council. We are
15 concerned.

16 I'm here today to speak on a matter of critical
17 importance: The city's urgent need to support the
18 mental health of its youth, particularly among black,
19 indigenous, and youth of color, with intersecting
20 marginalized identities.

21 The need for Samaritan services as well as
22 school-based mental health clinics, and social-
23 emotional learning in schools has never been more
24 pressing. In New York City Suicide is the third
25 leading cause of death among young people aged 15 to

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2 24, and 20% of deaths and children aged 10 to 14 are
3 due to suicide (CDC 2023).

4 I have put in a handout from the Samaritans which
5 has the statistics for our high school youth who have
6 seriously considered suicide. In 2021. The latest
7 statistics we're looking at 15.6% of our New York
8 City high school students are saying that they are
9 seriously-- they have seriously considered suicide in
10 the year prior to the survey. And-- and then amongst
11 Hispanic females, it's 22.8%; amongst Asians, 18.4%
12 for females; and African Americans 19.6% for females.

13 And, we applaud the mental health clinics and
14 also the social emotional learning, and school-based
15 mental health clinics. And the implementation of
16 that legislation can make and will make a real
17 difference, equipping students who may otherwise not
18 engage with services with important coping skills,
19 arguably the most important lessons that they can
20 learn in school.

21 CHAIRPERSON NARCISSE: Thank you. Next.

22 MS. CRUZ: Good afternoon, thank you Chairs Lee,
23 Narcisse, and Joseph. My name is Kumarie Cruz. I
24 am-- I oversee the Education and Bereavement Services
25 over at the Samaritans of New York. In my role I see

2 on a daily basis the profound impact mental health
3 challenges have on the youth and marginalized
4 communities where mental health concerns are
5 disproportionately high.

6 Our services are designed to address those urgent
7 needs. We work together with the community on a
8 daily basis to address them as needed. Our 24-hour
9 suicide prevention hotline is a critical component of
10 our approach, providing immediate support to those in
11 distress. The necessity of this service continues to
12 grow as reflected in the troubling statistics. We
13 heard of them rising tremendously within the past few
14 years.

15 Let's see. When we have a counselor-to-student
16 ratio of 1:325 that leaves a lot of student without
17 adequate support. The supporting staff struggles to
18 manage that workload. That imbalance underscores the
19 pressing need for additional resources.

20 As my colleague mentioned, suicide prevention is
21 not one-size-fits-all. Some students seek out help
22 from family members, friends, but those don't-- those
23 who don't have that support, having SEL in schools
24 might be the only thing they are able to access to
25 manage their struggles. It's sometimes the only time

2 where they hear that it's okay to not be okay, and
3 that seeking out help is a strength and not a
4 weakness.

5 By supporting SEL, we ensure that every student
6 not only learns how to recognize but also to manage
7 their emotions more effectively and to build stronger
8 interpersonal skills.

9 These are not just abstract ideas, they are
10 skills that can help save lives. We strongly believe
11 that this is what should be taught in schools.

12 Our support for school-based mental health
13 clinics align with these goals and by continuing to
14 remove barriers to those access. Samaritan's
15 education programs, as I mentioned earlier, are
16 uniquely designed to address those needs for the
17 students. We not only provide vital information and
18 support, but also work with the DOE administrators
19 and staff to help to identify what those needs are
20 and how we can best assist young people in overcoming
21 their challenges.

22 This proactive approach ensures that we are
23 effectively meeting the people where they're at and
24 keeping pace with the reality of ever-evolving needs.
25 I urge the City Council members to recognize the

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2 critical importance of these initiatives. And thank
3 you all for your time.

4 CHAIRPERSON NARCISSE: Thank you. Next.

5 MS. ETIENNE: Chair-- Excuse me. Chair Joseph,
6 Chair Lee, Chair Narcisse, Chair Schulman, and the
7 honorable members of the New York City Council, good
8 afternoon. Thank you for convening this hearing on
9 resources schools can provide for our young people.

10 My name is Ania-Lisa Etienne, Deputy Director of
11 Social Emotional Learning at the Urban Assembly.

12 The Urban Assembly supports public schools
13 through innovative programs to build cohesive
14 learning communities for our young people, primarily
15 through our network of 22 public schools across the
16 city, as well as at over 45 schools in partnership
17 with the DOE.

18 I'm here to voice strong support for Resolution
19 0013 to designate the second Friday in March annually
20 as social-emotional learning day in New York City.

21 SEL is a critical component of how we prepare our
22 young people to become successful, empathetic, and
23 responsible adults. The New York State Education
24 Department has noted that SEL enhances academic
25

2 performance, improves attitudes towards learning, and
3 reduces classroom disruptions.

4 New York City has made significant investments in
5 SEL with initiatives like Strong Resilient NYC,
6 implemented across all NYC public schools by the
7 Urban Assembly.

8 SEL has measurable economic implications as well.
9 The center of benefit cost studies of education at
10 Teachers College found that every dollar invested in
11 SEL programs yields an \$11 return. At UA schools
12 where SEL is a priority, the graduation rate outpaces
13 the city by 6%, 10% for black students, 8% for
14 Hispanic students, 5% for English language learners,
15 and 18% for students with disabilities.

16 President Biden and Governor Hochul have both
17 highlighted SEL's importance in our schools and
18 communities. The UA is grateful for the support of
19 Chair Joseph and the over 20 Councilmembers co-
20 sponsoring Resolution 0013. By supporting this
21 Resolution, the New York City Council will lead by
22 example, sending a clear message that New York values
23 the holistic development of its students, understands
24 the profound benefits of SEL, and is committed to
25 nurturing environments that enhance these vital

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2 skills. I urge the Council to pass this resolution
3 and thank you for your consideration, and for your
4 commitment to the educational and emotional well-
5 being of our next generation.

6 CHAIRPERSON NARCISSE: Thank you. With our new
7 arrivals, I know it's-- they've been through-- I
8 think Chair Joseph mentioning, they've been through
9 so much. More than ever that we recognize the needs
10 and the importance of addressing mental health. And
11 being a registered nurse for all this time, having
12 Chair Lee here, having Joseph for Education, you know
13 we are all into it to make sure, because we
14 recognize, and we know for a fact that mental health-
15 - if you're not addressing the physical health,
16 nothing is being addressed. So, I thank you for your
17 testimony. And we're looking forward to-- to
18 addressing it in a way that it has never been
19 addressed before, especially in the community where
20 it is taboo, like the black community, Latinos
21 community, and I find out other communities had the
22 issue of dealing with mental health and admitting
23 that someone has mental health issues. And so, thank
24 you. Thank you so much for holding us accountable,
25 and coming here to testify, to make sure we do what

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2 we're supposed to do. We're going to do what we're
3 supposed to do. But having you telling us is a great
4 thing. Having taken your time, we appreciate it.

5 Chair Joseph, any questions?

6 CHAIRPERSON JOSEPH: No. Just thank you for
7 uplifting this work. And thank you for the data.
8 And we will continue the conversation. Thank you so
9 much.

10 CHAIRPERSON NARCISSE: Chair Lee?

11 CHAIRPERSON LEE: We love you guys.

12 CHAIRPERSON NARCISSE: All right, so thank you
13 for your time.

14 Next panel, Alice Bufkin, Naphtali Moore, Juranna
15 Bin Mac, Erin Lawson, Roger Platt, MD.

16 Are they here? And thank you, young folks out in
17 the back. Thank you for coming out. Thank you.
18 Thank you. Thank you. Keep on coming. Keep on
19 pushing. Okay. So when I call your name, let me
20 know you're here. Roger? Roger? Thank you. I know
21 Roger. Yes. Now I see. Okay. Aaron Lawson? Nope.
22 Juranna? Naphtali Moore? Alice? Thank you. Thank
23 you. So, we come-- we're starting with Dr. Platt.
24 We're starting with you.

25

2 DR. PLATT: Thank you very much. My name is Dr.
3 Roger Platt, and I was Director of the Office of
4 School Health from 2003 until 2021. While I
5 currently serve on the board of the Community Health
6 Care Network, I am here representing myself. I'd
7 like to recommend that New York City support school-
8 based health centers by providing the funding needed
9 for these centers to continue to serve New York
10 students.

11 This support is required because other sources of
12 funding for SBHCs notably Medicaid are not
13 increasing, and the number of students who have
14 health insurance including the growing immigrant
15 population is rising. Furthermore, the cost of
16 staffing SBHCs is rising rapidly because of the
17 dramatic shortage of nurses and the increased cost
18 for both nurse practitioners and staff nurses.

19 During my tenure as Director of School Health,
20 with an increase in city funding, we were able to
21 open over 40 new school-based centers. In addition
22 to operating funds, New York City invested about \$80
23 million in the construction of these new facilities.
24 We focused on high school sites, because they were
25 larger, and because adolescents are much less likely

2 to visit physicians regularly. Targeting high school
3 buildings also let us provide reproductive health
4 services to students, and it contributed to the rapid
5 decline in teen pregnancies and births over the last
6 two decades in New York. The New SBHCs also provided
7 much needed mental health services.

8 Expanding city support for school-based health
9 centers and assuring that the current sites remain
10 open will not have much impact on city tax levy
11 because, in most cases, the presence of a health
12 center relieves New York City of the need to provide
13 a school nurse. With the increased reliance on
14 contract nurses, I estimate that New York City direct
15 and indirect nursing costs are approaching \$150,000
16 per site. In addition, school nurse costs do not
17 receive a state Article Six match while city funds
18 given to health centers do. Thank you for listening.

19 CHAIRPERSON NARCISSE: Thank you.

20 MS. MOORE: Thank you for the opportunity to
21 testify. My name is Naphtali Moore and I'm a staff
22 attorney on the School Justice Project that advocates
23 for the children of New York. AFC's work with
24 families as well as data shows that far too many
25 students are not able to access the mental health

2 support they need. At AFC we hear from many families
3 of students struggling with mental health crises,
4 whose children are sent to the hospital, or removed,
5 or suspended from the school instead of receiving the
6 mental health support they need to remain in the
7 school community.

8 Too often schools lack the appropriate resources,
9 train staff and clinics and rely heavily on punitive
10 exclusionary discipline and policing. In fact,
11 during the 2022-2023 school year, the NYPD reported
12 2838 child-in-crisis interventions in which a student
13 displayed signs of emotional distress, and was
14 removed from the school by police, and was sent to
15 the hospital for a psychological evaluation. This
16 represents an 18.9 increase from the prior school
17 year.

18 New York City Public Schools reported removing
19 and suspending students 36,992 times, representing an
20 increase from the prior school year. While we should
21 be focusing on the need to increase the number of
22 school-based mental health clinics and other programs
23 to help address the mental health needs of students,
24 instead we are facing the potential loss of important
25

2 mental health supports in schools within the next few
3 months.

4 As a key example, the city council was
5 instrumental in securing 5 million for the Mental
6 Health Continuum across agency partnership between
7 New York public schools, Health+Hospitals in the
8 Department of Health and Mental Hygiene to help
9 students with significant mental health needs access
10 expedited mental health care and to keep students in
11 school.

12 This model is being rolled out at 50 high-needs
13 schools in the South Bronx and Central Brooklyn,
14 through support such as partnerships with the mental
15 health clinics, timely access to mental health
16 services, and a New York City Well Hotline to advise
17 school staff, mobile response teams to respond to
18 students in crisis, and training for staff.

19 Unfortunately, the funding for the Mental Health
20 Continuum expires in June. And although this model
21 was highlighted in the mayor's mental health plan,
22 the preliminary budget does not include any funding
23 to continue it. In addition, expiring federal
24 stimulus funds are currently funding a range of
25 supports, including 450 school social workers, and

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2 restorative justice programs. And there is yet not a
3 plan to sustain these investments.

4 We thank the City Council for calling on the
5 administration to restore the funding for the Mental
6 Health Continuum, social workers and restorative
7 justice programs among other educational programs in
8 your budget response.

9 We are hopeful that today's announcement by the
10 mayors means that the mayor's executive budget will
11 include funding for the Mental Health Continuum. We
12 look forward to working with you to ensure that the
13 budget includes, and baselines, funding for the
14 Mental Health Continuum, as well as the range of
15 important educational programs currently funded,
16 funded with the expiring dollars. Thank you for the
17 opportunity to testify.

18 CHAIRPERSON NARCISSE: Thank you.

19 MS. BUFKIN: Good afternoon. Thank you for this
20 opportunity to provide testimony. My name is Alice
21 Bufkin, and I'm the Associate Executive Director of
22 Policy at Citizens Committee for Children. I'm going
23 to focus my testimony on school-based mental health
24 clinics.

25

2 School-based mental health clinics had the
3 advantage of pulling down state and federal dollars
4 because of their primary funding source is Medicaid
5 reimbursement, which makes them incredibly cost
6 effective for the city. However, the same funding is
7 also the root of many of the fiscal challenges
8 clinics face. Unfortunately, these clinics are only
9 able to recoup a fraction of the total cost of care
10 from third-party payers. This is a result of two
11 main factors: One, current reimbursement rates
12 remain far too low and do not match the cost of care.
13 And two, many of the vital populations clinics serve
14 and the services they offer are not reimbursable and
15 therefore clinics take a financial loss when they
16 provide this care.

17 Key non-reimbursable scenarios include services
18 provided to the student who doesn't have any form of
19 health insurance, as well as services to students
20 without a diagnosis. Additionally, some of the most
21 vital services clinics can offer, such as workshops
22 and trainings for school staff de-escalation to
23 prevent hospitalization or 911 involvement, case
24 management referrals, parent outreach are largely non
25 reimbursable.

2 As a result, clinics are only able to make ends
3 meet through philanthropy or by partnering with
4 another school programs such as community schools.
5 This is not a sustainable model and it's contributing
6 to closures of these vital clinics.

7 We'd like to highlight several steps the city can
8 take to strengthen access to school-based mental
9 health clinics. First provide wraparound city
10 funding to all existing school-based mental health
11 clinics to help finance services that aren't
12 billable. We believe \$75,000 per clinic will enable
13 clinics to offer a more comprehensive and inclusive
14 array of services and help ensure their financial
15 stability. We recommend the city begin with 50
16 clinics and eventually expand to all clinics in the
17 city.

18 Second, we urge you to protect and expand
19 community schools. School-based mental health
20 clinics are frequently partnered with Community
21 Schools and they're crucial to helping many clinics
22 remain financially viable. Unfortunately, as you
23 know, funding for community schools is threatened in
24 the city budget every year. We know many of you are
25 champions of community schools. We therefore urge

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2 city leaders to protect funding in the fiscal year 25
3 budget including \$55 million and expanding federal
4 funds, \$8 million in November PEGS, and \$14 million
5 in one time city funds.

6 Third, we urge the City Council and
7 Administration to advocate with the state leaders to
8 enhance Medicaid behavioral health outpatient
9 reimbursement rates.

10 And fourth, there's currently a-- last year there
11 was an implementation of something that would require
12 commercial insurance and school-based mental health
13 clinics to pay the same rate as Medicaid, where it's
14 currently, as, I know, Councilmember Lee said, they
15 deeply under pay through commercial insurance. But
16 what we're hearing is that is not being implemented
17 due to a variety of operational administrative
18 issues. So, we'd love a partnership with the City
19 and the State to address that and actually get those
20 fees back up. Thank you so much.

21 CHAIRPERSON NARCISSE: Alice, you don't have to
22 convince me, because I had my Reso in to increase
23 Medicaid. And being a nurse and listening to all the
24 hospital and the clinics is very difficult. And me
25 being in the business of-- with Medicaid, and

2 Medicare is always-- but my Medicaid to increase the
3 reimbursement, the State needs to do that in order to
4 provide a care, because it's way under.

5 And I do believe in preventive care. And if we
6 don't invest in preventive care, we're not being wise
7 at all. Because when you-- when you have to do
8 preventive care, and curing, curing is is much more.
9 If you want to be cost-effective in the long run, it
10 has to be preventive care. And definitely we are
11 under the reimbursement rate. And we have so many
12 clinics closing because they can't-- it's not
13 sustainable for them, they provide the care, and
14 they're not going to get paid. We know that.

15 And us right here, we're trying our very best,
16 and I'm so happy that the mayor got it when it comes
17 to mental health, for-- especially for our youth. I
18 have great concern with new arrivals, because they
19 never-- they never have really good access to health
20 care. And we have to provide the best care because
21 after all, we have to do our very best because if you
22 don't pay in the front, we're going to pay much more
23 in the end. And so is for sickle cell disease too,
24 because people are coming from West Africa, from
25 Haiti, so they have a lot of folks that never been

2 diagnosed properly. So, if we don't do the right
3 thing upfront, we're going to-- it's going to cost us
4 more.

5 So, thank you. We got it. And as a teacher--
6 And Linda, do you have any questions? I think you
7 have questions.

8 CHAIRPERSON LEE: No, I just wanted to say thanks
9 for bringing up the point about the diagnosis,
10 because so far would the-- because with Article 31s,
11 you need three assessments, intakes, and then you can
12 get the diagnosis in order to be seen. You can't do
13 any group therapy unless each individual person goes
14 through that diagnosis. So, that's a followup
15 question that we're going to ask DOHMH, in terms of
16 the school setting, how that changes, what types of
17 services they provide. So, thanks for bringing that
18 up. And then the private insurance, yes, we got to
19 get on that. I'm going to follow up on that one.

20 CHAIRPERSON NARCISSE: And if I'm hearing
21 correctly, that we have to keep those centers open in
22 the in the school too, as well, as you know,
23 providing that early-- I mean, what the best way to
24 get the young folks, when you're in the school
25 building, when different places where they come. And

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2 all-- everyone across the board, being a nurse for
3 three decades, I have learned that we have to spend
4 in preventive care than curing. And I see some--
5 some people in here that's advocating for sickle cell
6 disease. That has been a problem. Like I said, I'm
7 going to keep on pushing for that too, because it's
8 going to be very costly if we don't kind of like
9 treat people early talk about the disease they're
10 facing. So, thank you for your time. Chair Lee? I
11 mean... I said Chair Lee. Chair Joseph?

12 CHAIRPERSON JOSEPH: No. I just wanted to say
13 thank you already on the same page. As a matter of
14 fact, there's a town hall tonight on the Emergency
15 Education Coalition to talk about what's on the
16 chopping block for communities.

17 Thank you.

18 CHAIRPERSON NARCISSE: We cannot chop chop. We
19 have to look at what makes sense health is very, very
20 important. It's unfortunate a lot of us don't talk
21 about health until it's late. And we don't want to
22 do that. We have to be-- It has to be cost
23 effective and we have to focus on preventive care.
24 So, thank you, thank you for being here. Thank you.

25

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2 Next panel is Erin Verrier, Michael Fagan, Linda-
3 - Linda Carmine, Edward McAbe. You can-- You can
4 correct that for me. David Appel. If I'm butchering
5 it, just correct it.

6 Who's-- Oh, sorry. Erin? Where's Erin? Who's
7 Erin?

8 MS. VERRIER: Me. Me.

9 CHAIRPERSON NARCISSE: Oh, so-- Oh, we didn't
10 sit in order. So, I was trying to make it like the
11 way I called it, but apparently it's not that way.
12 So, therefore I started from beginning here. So, we
13 start from the beginning end. I thought you were in
14 the same lineup. Yeah. Okay to make it smooth, so
15 nobody looks at each other. So, we start from here
16 to there. How about that? Okay. And the name?

17 DR. APPEL: David Appel.

18 CHAIRPERSON NARCISSE: David. Okay, David.

19 DR. APPEL: I would like to thank the committee
20 Chairs and members in New York City Council's various
21 committees for the opportunity to present testimony
22 on school-based health centers. My name is David
23 Appel, and I was the Director of the Montefiore
24 School Health Program from 1993 to 2018. My career
25 as a pediatrician focused on providing care to

2 children living in underserved areas of New York
3 City. The seed from my passion in school-based
4 health centers originated at our kitchen table when I
5 was growing up. My mother was a dedicated school
6 nurse and regularly talked about her challenges
7 caring for a group of children that came down to her
8 office many, many times with a vague stomachache or
9 headache, that she knew was due to strife at home or
10 with other children. "If only I had a social worker
11 to team up with," she lamented, "I would have been
12 able to better address underlying issues that were
13 not of a physical nature."

14 She was also frustrated that as an RN, she was
15 not licensed to look in the ears of children with
16 earaches, or do throat cultures for complaints of a
17 sore throat. The children she was most concerned
18 about in our small town came from poor families that
19 could ill-afford the upfront costs of a private
20 doctor's visit, the only option at that time.

21 I never forgot that lesson and have had a
22 rewarding career in New York City practicing and what
23 I found to be a very powerful model: Full service
24 school-based health centers that integrate medical
25 and mental health care in a location convenient to

2 children, specifically reaching children not getting
3 care anywhere else.

4 New York State DOH did an analysis of well-child
5 visits for children with Medicaid: A 20% increase in
6 the proportion of children with a well child visit
7 was seen for those enrolled in both school-based
8 health center and community primary care services.

9 That data demonstrates that the children seen in
10 school-based health centers, even with Medicaid, were
11 a different group than seen in community settings.

12 Children without insurance and newly migrated
13 children add to the group of children that would be
14 without basic care without school-based health
15 centers.

16 School-based health centers are also very
17 effective: For children with asthma, a 50% reduction
18 hospitalization, a 50% reduction ER use and a three-
19 day reduction in absences was seen and published.

20 effective contraceptive use among school-based health
21 center patients was 3.8 times higher than patients
22 that were not able to access school-based health
23 centers. This was estimated over a three-year period
24 to avert 3500 pregnancies.

25 CHAIRPERSON NARCISSE: Thank you.

2 MR. FAGAN: Thank you. Thank you, Chair
3 Narcisse, Joseph, and Lee for the opportunity to
4 testify. I am Michael Fagan, Chief of External and
5 Government Affairs at Ryan Health. Ryan Health is a
6 mission-driven, federally qualified health center
7 with 17 locations located throughout Manhattan,
8 stretching from Washington Heights to the Lower East
9 Side. In conjunction with Ryan Chelsea Clinton, our
10 affiliated center in Hell's Kitchen, we operate seven
11 school-based health centers throughout Manhattan.

12 We are a full-service health center in the
13 schools mitigating barriers to health care access.
14 Each of our centers is staffed by a school nurse
15 practitioner and a licensed practical nurse. In
16 addition, we have licensed clinical social workers
17 that work at each of our centers. At our largest
18 Center at Park West Campus, the LCSW is full time,
19 and at smaller centers, the LCSWs split their time
20 between centers serving as a half-time FTE.

21 By way of example, about the importance of
22 discovering mental health issues when individuals
23 come in presenting with a medical issue, we had a 15-
24 year-old student came into the center at the
25 beginning of the school year for pain due to

2 menstruation cramps. As a new patient the nurse
3 practitioner conducted annual mental health and high-
4 risk screenings. Those screenings reveal that she
5 was living with depression and suicidal ideation that
6 otherwise were unknown. That medical staff referred
7 her to the LCSW, and this student has been receiving
8 weekly therapy from that provider.

9 If our SPHC had not been in the school, it raises
10 serious doubts about whether this young person would
11 have received the care that she needed and deserved,
12 and what the alternatives might have been.

13 Ryan Health operates our seven SPHCs at a loss.
14 In 2023, we lost \$2.2 million from operations at the
15 centers. Our operating costs for the centers is
16 approximately \$3.1 million.

17 We undertake the work because of our mission to
18 make quality healthcare accessible to vulnerable New
19 Yorkers.

20 With my other colleagues up here today, we are
21 advocating for baseline funding to prevent further
22 service reductions and closures. We propose a
23 baseline funding model of \$100,000 per school campus
24 for all New York City a SBHCs plus \$100 per student
25 in the school. I invite any of you to come and visit

2 one of our SBHCs, and I'm happy to answer any
3 questions.

4 DR. CARMINE: Hi, good afternoon. My name is
5 Linda Carmine. I'm a attending pediatrician and
6 associate professor at Northwell Cohen Children's
7 Medical Center. I'm the director of the Cohen
8 Children's School-Based Health Center Program.

9 The COVID pandemic exacerbated the inequities in
10 our health care system and education system, with
11 adolescents clearly traumatized by the social
12 isolation and educational deprivation associated with
13 the pandemic. Meanwhile, our school-based health
14 centers struggle to function in a healthcare system
15 that under-funds the essential medical and mental
16 health services our young people desperately need.
17 Current grant funding and Medicaid revenue for mental
18 health services do not come close to supporting the
19 expense of the services.

20 With the support of Northwell, our sponsoring
21 institution, we provide medical reproductive health,
22 mental health, and health education services at no
23 charge to our students including full laboratory
24 testing, a medical dispensary, and all vaccinations.
25 Our school-based health centers located throughout

2 Queens and New York City DOE campuses serve many new
3 undocumented immigrants who have had traumatic
4 voyages to our country, and receive inadequate
5 services on their arrival.

6 One school-based health center has documented 8
7 to 12 new immigrants arriving each week, up from 3 to
8 4 last year. Many arrive with complex healthcare
9 needs, unable to secure care with a primary care
10 provider. The school-based health center fills many
11 gaps in care for the students including the six
12 months of catch-up vaccines required for school
13 attendance.

14 Many students also suffer significant trauma from
15 social and health inequities that exist within their
16 communities, leading to skyrocketing levels of self-
17 harm, suicidality, and school phobia. Which are all
18 at their highest levels in decades, resulting in
19 absenteeism in schools. Crisis intervention needs
20 have reached staggering rates of students
21 experiencing panic attacks, emotional and physical
22 dysregulation, arguments that quickly become
23 physical. The school-based health center offers a
24 safe haven within the school with wraparound care
25 between medical and mental health providers.

2 Learning skills in real time to manage emotions and
3 navigate stressful situations is essential, and when
4 provided in schools is confidential and
5 destigmatizing.

6 We request funding for all New York City school-
7 based health centers to prevent further service
8 reductions and closures. We propose a funding model,
9 the same just mentioned, of \$100,000 per school
10 campus plus \$100 per student enrolled in the schools,
11 which is less than what New York City pays for a
12 school nurse. We call on the New York City Council
13 to endorse the financial stability of school-based
14 health centers throughout the city. We express
15 gratitude to the New York City Council for their
16 dedicated backing of the most underserved families
17 and communities in New York.

18 I would like to thank the committee Chairs and
19 the members of the New York City Council, various
20 committees, for the opportunity to submit this
21 testimony on school-based health centers.

22 MS. VERRIER: Okay, Hello, and thank you for the
23 opportunity to speak today. My name is Erin Verrier,
24 and I'm the Manager of Policy and External Affairs
25 for Community Healthcare Network, otherwise known as

2 CHN. CHN is a federally qualified health center with
3 14 sites citywide, including two school-based health
4 centers and our Crown Heights Health Center, which
5 represents Councilmember Joseph. We provide critical
6 primary care for patients, regardless of their
7 ability to pay.

8 Our school-based health centers, one at Seward
9 Park High School campus on the Lower East Side, and
10 the other at Community Health Academy of the Heights
11 in Washington Heights serve over 2300 students in
12 grades six through 12. Beyond what a school nurse
13 can do, our SBHCs provide a full range of primary
14 care services from physicals to vaccinations,
15 nutrition services, sexual and reproductive health
16 services and more, including what I would like to
17 emphasize today, which is our mental health services.

18 In addition to a shared psychiatrist across both
19 sites, each of our school-based health centers have a
20 full-time mental health counselor five days per week.
21 For Washington Heights alone, the counselor's
22 schedule is packed, seeing up to seven students per
23 day. In addition to meeting weekly with school
24 social workers, and interfacing with teachers and
25 administrators in the process, all of whom are

2 grateful their students can access mental health
3 support without needing to leave the building.

4 We seamlessly integrate student's physical and
5 mental health. That's what we call primary care at
6 CHN. And we want to ensure our services as a school-
7 based health center continue. The work we do aligns
8 with the city's Mental Health Roadmap, and it's
9 focused on youth. And we request the city support
10 the impactful role we play for youth mental health
11 screening and treatment, all of which take place
12 within a safe, trusted, and familiar school
13 community.

14 So, thank you for the opportunity to present.

15 DR. MCCABE: Good afternoon. My name is Dr. Ed
16 McCabe, and I'm the Director of Adolescent and Young
17 Adult Health at Staten Island University Hospital
18 Northwell Health. It's an honor to speak to you
19 today. School-based clinics exist at the
20 intersection of education and health care, and are
21 the caulk that prevents young people from falling
22 through the cracks. They provide care without
23 concern for the student's ability to pay, and in the
24 location that needs students where they're at, in
25 school.

2 These services are delivered without the barriers
3 that young people in their families too often face,
4 all without missing a day of school or a day of work
5 for their caregivers.

6 We provide physical exams, immunization updates,
7 reproductive health care, mental health services, lab
8 testing, acute or walk-in care, health education, and
9 first aid. We go to medical emergencies in the
10 building or in the fields, and we stabilize medically
11 and mentally unstable students prior to their EMS
12 call. School-based health centers give young people
13 the opportunity to manage their healthcare and
14 increase their health literacy. School-based clinics
15 reduce ER and urgent care visits and lower
16 hospitalization rates. School-based health clinics
17 have positively been associated with improved school
18 attendance, improved school performance, and higher
19 graduation rates.

20 We opened the school health center in New Dorp,
21 my alma mater, in 1990. Since then, we've hosted
22 over 100,000 visits. The School Health and Wellness
23 Center at Port Richmond High School opened in 2017.
24 In 2022 to 2023, largely because of a marked increase
25 of migrant families, Port Richmond High School saw an

2 18% school census increase from the previous year,
3 there was no concomitant increase in funding to
4 provide that care during that time. Port Richmond
5 High School this past June boasted an 83% graduation
6 rate, up from 59% when we opened in 2017.

7 There's no doubt that students perform better
8 when they show up for class healthy and are ready to
9 learn.

10 Regarding their patient experience in 2023 96.5%
11 of our patients were satisfied or highly satisfied
12 with our services, and 94.5% of our patients were
13 likely are highly likely to recommend someone else to
14 our services.

15 Each of us testifying here today have similar and
16 different tales about school-based health centers to
17 tell, but we are united and asking for your support
18 in adopting a more dynamic and equitable funding
19 model for school-based clinics of every size in New
20 York City. A baseline of \$100,000 per school campus,
21 plus \$100 per student enrolled in the school.

22 Thank you again for the opportunity and we look
23 forward to continuing to partner with you to provide
24 these vital services.

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2 CHAIRPERSON NARCISSE: Thank you. And I support
3 school-based, because that you get the-- the young
4 folks that don't want to go to the doctor easily to
5 access it. But I would like to see more in term
6 Reaching them where they are at, in terms of
7 promoting, because the literature giving them the--
8 some of them will get it. But if we can get the
9 social media things going on within the school
10 building, trying to get some of the leadership of the
11 organization within the school, because you have some
12 leaders, because we had some testifying here. So, I
13 think we can reach out, and making sure that they
14 doing that preventive care they need to do.

15 So, I thank you for testifying. And I believe in
16 it too. So, thank you.

17 And, okay, Chair Lee? Okay.

18 CHAIRPERSON LEE: I have a quick question. So,
19 the \$3.1 million-dollar operating costs: How many
20 centers is that?

21 MR. FAGAN: That was 3.1 million for seven
22 centers.

23 CHAIRPERSON LEE: Okay. About \$442,000-- 3,000.
24 So, where are you-- So just out of curiosity, what's
25 the breakdown of staffing for those centers? And

2 then also for the baseline \$100,000 per site that you
3 guys are both proposing? What were you thinking of
4 in terms of the staffing for that as well?

5 MR. FAGAN: I can give you the breakdown on our
6 staffing. We have-- Overall, we have seven nurse
7 practitioners plus a nurse practitioner director for
8 the program. We have four LCSWs plus an LCSW
9 supervisor. One is being recruited, and we have two
10 social work interns. The funding that we're
11 requesting would be used to stabilize the finances of
12 the school-based health centers and allow us to
13 expand services and bring, on for example, even more
14 LCSWs, because some of our LCSW's are spread over a
15 couple of schools, so they are at school halftime.

16 DR. APPEL: At the Montefiore school health
17 programs where I worked, and now there are 32
18 clinics. Some are recovering from COVID. But the
19 staffing model is one medical provider per 1,000
20 students, a large high school would have two medical
21 providers, either physicians and nurse practitioners,
22 one licensed practical nurse for every medical
23 provider, and a senior clerk at the front desk as a
24 receptionist, a mental health provider that's either
25 a licensed clinical social worker or psychologist.

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2 In the clinics of up to 1000, it's one. The large
3 high schools are two. We also have a preventive
4 dentistry program with part-time dentists and
5 recently a vision program with an optometrist who
6 does vision screening and provides glasses in
7 cooperate for free in cooperation with Warby Parker.

8 CHAIRPERSON LEE: Oh, nice. But I'm guessing the
9 \$100,000 that you guys are proposing. That's for
10 like a very, very scaled back staffing, right?, per
11 site? Because if that's \$100,000 per site that
12 you're proposing, that's pretty low, I would say,
13 depending on what the staffing structure would look
14 like.

15 DR. APPEL: Well, \$100,000 plus \$100 per student,
16 so it's proportional to the size of the school.

17 CHAIRPERSON LEE: Oh, I see.

18 DR. APPEL: The reason for formulating it that
19 way, that's a formula that the City Health Department
20 Division of School Health uses when they were
21 supporting some new clinics that they opened in the
22 last 10 years.

23 CHAIRPERSON LEE: Interesting, okay.

24 DR. CARMINE: It still won't be sufficient to
25 fully fund what we do.

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2 CHAIRPERSON LEE: Yeah. I was going to say.

3 DR. CARMINE: And even with Medicaid revenue,
4 which seems to be down a bit, rather than up, the
5 costs are still greater than the funding streams, and
6 the sponsoring institutions have to continue to
7 support a lot of what we do. But we're coming to ask
8 for more money without asking you to complete the
9 whole picture.

10 CHAIRPERSON NARCISSE: Yeah. No, because I mean,
11 the only reason why is because when I saw \$3.1
12 million, that's why I was curious. Because the
13 governor is only proposing \$20. So, that can only
14 mean there's X number more sites that can be
15 provided. So, that's why I was... Okay. Thank you.

16 DR. CARMINE: And our footprint is a little
17 bigger than that per school, financially. So,
18 that's...

19 CHAIRPERSON LEE: Okay.

20 DR. APPEL: Also, our sponsoring institutions are
21 willing and do provide a lot of support, but it
22 reaches a point where they can't sustain anymore, so
23 we need to keep it within their comfort zone.

24

25

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2 CHAIRPERSON LEE: Yeah. Thank you. That's--
3 That's actually very helpful to understand the
4 details of... Go ahead.

5 DR. MCCABE: Sorry, if I could just add one
6 thing. In our-- In our site here and at Staten
7 Island, we're running at a deficit of around \$100,000
8 per site. And we're constantly, annually, for the
9 last 5 to 10 years in the crosshairs of our
10 administration, who are really saying, you know, "Do
11 we need to be in the school health business?" So we
12 have to find another way. We're doing everything we
13 can to supplement, mini-grants here and there, but
14 we're-- we're not close. We've decreased it quite a
15 bit in 2019. We were running at like a \$650,000
16 deficit. And now we're down to about \$200,000.

17 CHAIRPERSON LEE: Right.

18 DR. MCCABE: But there's nowhere else to go.

19 CHAIRPERSON LEE: Yeah. No, and these are the
20 services that we desperately need. So, thank you all
21 for the work you're doing.

22 DR. APPEL: Also our visit volume. We-- I don't
23 know about your programs, but we've been seeing five
24 to seven mental health visits a day, and depending on
25 the season 15 to 20 medical visits a day.

2 CHAIRPERSON NARCISSE: That was going to be my
3 question. You answered it for me.

4 CHAIRPERSON LEE: Thank you.

5 CHAIRPERSON NARCISSE: How do you reach those
6 young folks to come to the clinic?

7 MR. FAGAN: We do a variety of things. We do--
8 We have a video on in the school, you know, showing
9 them the availability of those services and the
10 confidentiality of reproductive services in the age-
11 appropriate schools. We also do some tabling. We
12 also do some giveaways and prizes, to engage them,
13 and work with the school administration to see what's
14 most effective and needed.

15 CHAIRPERSON NARCISSE: Is there a way that we can
16 do social media for them to get access to?

17 MR. FAGAN: We have done some, through our main
18 social media site, our main Facebook, we have done
19 some Facebook Lives on what we do in terms of school-
20 based health.

21 CHAIRPERSON NARCISSE: Because, what I'm hearing
22 is just like not enough young folks in the school
23 going to those clinics, to the centers.

24 DR. CARMINE: We're pretty busy. We're not
25 having that problem. But we do have a pregnancy

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2 prevention program funded by the State, and they're
3 in the classrooms, and they're also out there with QR
4 codes where kids can download things. And they have
5 made some Tic-Toks, and do advertising. So, those
6 health educators are much better than doctors at some
7 of the social media outreach and education. And
8 they're our main outreach arm. But even our LPNs and
9 medical assistants are in the schools talking about
10 the clinic.

11 DR. APPEL: We're also doing catch up, because
12 our-- during COVID, for two years students weren't
13 in the school. So, in the High School, for example,
14 50% of the students are new to the building, and they
15 don't even know that a school-based health center is
16 there. Because those grades weren't there. They
17 came for the first time. So, it takes time for them
18 to know about it. It takes time to catch up and get
19 all the enrollment up, so all the kids know about it.
20 So, we've been very active-- the programs have been
21 very active in getting the new students and the
22 families of the new students to know that the clinics
23 are there and getting used to using them.

24 CHAIRPERSON NARCISSE: Is there a way we can--
25 you can get the teachers involved? Because if the

2 teachers are involved, because every-- every young
3 person that walks in, especially the new arrivals,
4 they need that support, and they don't know. So, if
5 we can get everybody in the building, if you can, you
6 know-- That's my suggestion and recommendation. It
7 is just, like, if we can get to even the-- if they
8 have the safety population people, like in the front
9 desks, and different places where we can get people
10 in, to buy in, to understand the importance of those
11 young folks who have their health together, so they
12 don't have to be out of school, that will be a good
13 way.

14 DR. CARMINE: Also, we have snacks.

15 CHAIRPERSON NARCISSE: Yes, the snacks will get
16 them. They know food. I know. I raised four. The
17 food, they're going to be like, "Oh, yeah." All
18 right. So, thank you. Okay, go ahead.

19 MS. VERRIER: I was just going to say, at our
20 Washington Heights site-- well both sites, we have a
21 Teens Pack Program through CHN that does a lot of
22 health education and reproductive health. There are
23 signs all up over the school in Washington Heights
24 that say "period products are available", "condoms
25 are available". And we've done a good job there at

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2 cultivating a relationship with teachers so that they
3 feel relieved by there being a school-based health
4 center there. And they don't feel the pressure of
5 needing to figure out their students' health
6 supports. They can send them upstairs and have them
7 see in there. And so, it's been a strong working
8 relationship between the school administration, and
9 the teachers, and the school-based health centers.
10 And over the years, they've really been able to make
11 a great relationship across them. So, there's a lot
12 of word getting out about it.

13 CHAIRPERSON NARCISSE: So, all the centers have
14 dental? No? Not all of them.

15 MS. VERRIER: There's a large space strain when
16 it comes to dental.

17 CHAIRPERSON NARCISSE: Because I heard--

18 DR. APPEL: So not all, but I think 44 do have
19 dental as well.

20 CHAIRPERSON NARCISSE: Okay. All right. And the
21 vision needs to be checked. Yeah? So, thank you.
22 Thank you so much for being here.

23 The next panel is Teresa Ginger-- Davis. I said
24 Theresa. Davis. Is that Theresa I said? Yeah,
25 Giner. That's my Ginger. Ginger Davis. Yeah, I

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2 know. Let's have it Teresa Ginger Davis. I get it.

3 We've got to work together for sickle cell disease.

4 The next is Rachel Evans. Rachel? Is that Rachel?

5 Okay. Jack Dolgin. Jack? It seems like we have

6 everybody for this panel. Caitlin Garbo. Caitlin?

7 Is Adria Cruz. So, we've got everybody.

8 Okay. Well they're still not sitting in order.

9 So, who did I call first? I think it was Ginger.

10 I'm going to-- I'm going to do the same thing.

11 Thank you for being here. I will start with Miss

12 Cruz. Is that Ms. Cruz? Yes. And then we will go

13 that way.

14 MS. CRUZ: Yes. So you want me to start?

15 CHAIRPERSON NARCISSE: Yeah, yes. You can start.

16 MS. CRUZ: Excellent. All right. Good

17 afternoon. I'm Adria Cruz, a board member of the New

18 York School-Based Health Foundation. Thank you to

19 the committee Chairs and members for allowing me to

20 testify on school-based health centers, also known as

21 SBHCs.

22 SBHCs are key pillars of New York's health equity

23 strategy, reaching marginalized populations, reducing

24 absenteeism, preventing teen pregnancies, addressing

25 youth mental health needs, and promoting primary and

2 preventive care. Our 501-C3 foundation is committed
3 to ensuring vulnerable school children access quality
4 care via New York State school based health centers.
5 We promote, strengthen, and expand school based
6 health centers access by offering technical
7 assistance, data services, and raising awareness of
8 their vital role as a safety net for our state's
9 underserved families.

10 In New York City, there are 138 school based
11 health centers, serving 433 schools and over 150,000
12 students, regardless of insurance or immigration
13 status. Sponsored by 18 healthcare organizations
14 including hospitals and community health centers,
15 over 90% of students served residing COVID-19
16 severely impacted neighborhoods according to the
17 Taskforce on racial inclusion and equity treat. All
18 SBHCs offer comprehensive medical and behavioral
19 health services, many providing dental, vision, and
20 health education at no cost to families.

21 Because school based health centers never turn
22 patients away regardless of their insurance, billing
23 only covers about 50% of school by cell center
24 operations with the risks coming from various
25 sources, including state and city health departments,

2 as well as private funds raised by the sponsoring
3 organizations. In New York City certain schools are
4 required to have a school nurse present. SBHCs
5 assist New York City public schools in meeting this
6 mandate. Yet, when an SBHC is established, New York
7 City Public Schools remove the school nurse relying
8 on school by cell centers to fulfill the health
9 mandate without providing any funding for this
10 responsibility.

11 As already told many SBHCs are financially
12 fragile, and others face service reductions.
13 Implementing a funding model for NYC SBHCs would not
14 only stabilize many of them, but also ensure their
15 long-term sustainability. We advocate for a funding
16 model that includes providing \$100,000 per school
17 campus, along with an additional \$100 per enrolled
18 student in the school. We urge the city council to
19 prioritize funding to ensure NYC SBHCs remain vital
20 components of the city's safety net breaching
21 healthcare gaps for vulnerable students.

22 We thank the Council for their support and
23 commitment to caring for our most vulnerable New
24 Yorkers. Thank you.

25 CHAIRPERSON NARCISSE: Thank you. Next.

2 MS. GARBO: Thank you. Good afternoon Chair
3 Narcisse, and other Chairs and joint committee
4 members. My name is Caitlin Garbo, and I'm here
5 today on behalf of the National Alliance on Mental
6 Illness of New York City NAMI-NYC. For over 40
7 years, we've provided renowned peer and evidence-
8 based services led for and by individuals and
9 families affected by mental illness across NYC, all
10 free of charge. As you know, we have a mental health
11 crisis among our youth, and decades of research and
12 experience have laid a solid foundation and framework
13 for effectively providing mental health services in
14 schools that protect student wellbeing, promote
15 learning, reduce stigma, and improve access. But
16 there are programs like NAMI-NYC's Ending The Silence
17 program, which has a unique aspect that we not only
18 offer to students, but also to teachers and to family
19 members, parents, and caregivers.

20 So, when we open the conversation around youth
21 mental health and school-based mental health, it's a
22 really missed opportunity if we're not also
23 prioritizing in this conversation, the adults in the
24 lives of students. Parents, teachers, and school
25 staff are in that close ring of people that really

2 see what's going on in the lives of students.

3 They're supporting them, and they can make or break
4 the stigma and make or break those connections to
5 resources.

6 So, I just want to emphasize that if we really
7 want to affect the lives of young people, we need to
8 make sure the adults in their lives have the language
9 and have the resources to support them, and make sure
10 they need it, especially when they are at their most
11 vulnerable.

12 So, NAMI-NYC has free programming that we're
13 happy to bring into schools, including Ending The
14 Silence. We also have specifically targeted
15 programming for parents of youth under 18, who are
16 navigating their mental health journeys. We also
17 offer a Family Match Program. We also have other
18 support groups.

19 And as I mentioned, at last month's preliminary
20 budget, hearing funding family support is crucial to
21 providing the support that individuals dealing with
22 mental health issues need, especially our youth. So,
23 I want to emphasize as the conversation around youth
24 mental health continues to grow, that it's not just
25 focusing on the young people, but focusing on them

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2 and those who are supporting them, so, we can
3 holistically help students.

4 So, as we continue this conversation, I really
5 want to make sure that you'll consider NAMI-NYC as a
6 partner in the conversation around youth mental
7 health and our work in this space as it expands this
8 year and beyond. As Linda Lee mentioned, the Youth
9 Mental Health roadmap is something we're really
10 excited to see as a priority. Thank you.

11 CHAIRPERSON NARCISSE: Thank you. Next, Miss
12 Davis. Ginger.

13 MS. DAVIS: Good afternoon. And thank you to
14 Chairs Narcisse, Chair Lee, Joseph, and Schulman for
15 convening this hearing today for Initiative 0341 to
16 collect data on all students with sickle cell disease
17 and sickle cell trait in the public school system.

18 As an adult living with sickle cell disease, I
19 grew up and was educated in New York City public
20 schools. It was very much different. The support
21 that we needed, we had, because you didn't have such
22 overcrowding that we have today here in the city. So
23 the needs are greater.

24 And also, you know, the benefits of this bill is
25 that you get early detection and intervention. So,

2 newborn screening collects data on children born in
3 this state with sickle cell disease, children from
4 any other state or anywhere that newborn screening is
5 provided, they are already in the system and
6 receiving comprehensive care. No data is being
7 collected on sickle cell trait, especially those who
8 have more than 40% sickle hemoglobin being produced
9 are the ones at risk for having things like fatigue,
10 headaches, joint and muscle pains. And they're being
11 told that it's everything except their sickle cell
12 trait. So, early intervention for that population is
13 very important.

14 Improving health outcomes by giving access to the
15 different types of care they need. I heard you talk
16 about comprehensive care. But then we hear the
17 students saying, "There's long lines. We can't get
18 to it. Or when we do get to it is not relevant and
19 it didn't really help me." So, having access to
20 quality comprehensive care really starts with
21 providing education.

22 And I want to go back to talk about Bill 968 that
23 was passed in November that was talking about
24 provider education, public screening, and genetic
25 counseling. We know the hospitals don't really have

2 the capacity to do genetic counseling for the 2 to 3
3 million people with trait in the city and counting,
4 because now we have new people coming in from other
5 countries and other states that may not have had
6 access to healthcare. And so we need to have the
7 provider education so they can better deal with not
8 just chronic illnesses, but the rare diseases, right?

9 Community engagement: We need to have community
10 or organizations in this. We are on the ground.
11 We're in the schools. We're in the churches. We're
12 everywhere we need to be. And we're getting the
13 complaints. We're hearing the problems. We can also
14 be part of the solution. We can be part of program
15 design. There should not be any clinics that are
16 being closed. They should be fixed. Find out what
17 the root problem is and fix it, and make sure that
18 those centers can provide the care.

19 And less thing: Getting the data, the data
20 collection is very important, because as you see now,
21 in sickle cell disease and other rare diseases,
22 there's a lot of research for novel therapies, both
23 for disease modifying and curative therapies. We can
24 bring that education into the schools, to the
25 students who need it, that there's no medications

2 available that can help you to live healthier. There
3 are clinical trials that are looking at new novel
4 therapies that can help you to live healthier and
5 longer.

6 So, we need to have this data collected and
7 shared so that we can give greater access. And when
8 you're talking about closing a program, and there's
9 another one a mile away, that's a social determinant
10 to care. Because we do have transportation issues
11 with some families, and they can't get to this
12 appointment.

13 And the last thing I want to say is listening to
14 the questions and answers from the Department of
15 Health, Department of Education, HHC-- excuse me,
16 HHS: They speak and then they get up and leave and
17 they don't stay to listen to our testimonies.
18 They're making it sound hunky dory. "Oh, we're
19 putting this new center here, and everybody can go
20 here." But they don't hear-- stay to hear the
21 students say, "Long lines. We're not getting what we
22 need." They're not hearing from centers to say we
23 don't have enough money to do our programs. And when
24 we get funding, and it goes away, we can't keep our
25 programs functioning. Those people need to be here

2 through the whole hearing, to hear from the community
3 so that when they are making their plans, and they're
4 fixing the problems, they're doing it in the way that
5 the community needs.

6 CHAIRPERSON NARCISSE: Thank you.

7 MR. DOLGIN: Hi, I grew up in New York, I'm a
8 resident here. And I wanted to talk about one
9 initiative that I think is very relevant for this
10 conversation about school mental health. Almost all
11 the conversation today has seemed to be about one of
12 two things within mental health: It's been talking
13 about just how big of a problem this is, and talking
14 about reactive approaches. So, helping people who
15 are already suffering. And that's certainly very
16 important.

17 But I want to highlight an initiative that the
18 Mayor put out last year, that's actually a proactive
19 approach. And while the New York Post may have joked
20 about it, I've spent the past six years doing full
21 time research in psychology and neuroscience, and I
22 have a lot of hopes for it. This is the mayor's
23 Mindfulness Initiative, which is to have students do
24 two to five minutes of mindfulness every day in the
25 classroom. And it's actually extremely pioneering.

2 There's never been a city at scale testing this until
3 New York City. So, I'm a big fan. Unfortunately,
4 I've had a bit of a difficult time getting in touch
5 with people who are involved in the organization of
6 it. And I understand the DOE is massive. And I just
7 didn't really know who else to reach out to exactly.
8 So, I thought maybe if I put my voice out there
9 publicly, and said that I would love to be in touch
10 with a Councilmember or someone who could help me
11 contribute. And I'm not even asking to like, you
12 know, get paid or anything. Just to offer my expert
13 guidance. I have suggestions for reducing the costs
14 and increasing the quality of the program. I just--
15 Yeah, it's a little bit frustrating, I think. I
16 don't really know where else to go. So, I wanted to
17 offer, basically, my help and say, I think it's
18 really promising.

19 And often in government, there's trade offs
20 between money and, you know, where you're going to
21 put the money or even rights between people. But
22 this is the sort of thing that's like, so simple.
23 Like two to five minutes every day where kids are
24 learning not only things in school, but also just
25 sort of how to learn as a cognitive development

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2 process. And, also at the same time helping their
3 mental health. Not to mention there's issues of like
4 being addicted to your smartphone. There's all these
5 things that can be improved. Plus teacher retention.
6 So, I have a lot of hopes for it. And I just wanted
7 to like say, if there's any way I can be put in touch
8 with the people who are behind this, that would be
9 appreciated.

10 CHAIRPERSON NARCISSE: I don't have the answer
11 right now as I'm sitting here, but we definitely hear
12 you. And we're going to work into it before you
13 leave here. I think we have all your information.
14 So, if we need extra, we're going to wait and then
15 we're going to talk to you and see how the best way
16 we can make it happen, and see how we can connect you
17 with somebody that can actually have all the answers
18 that you're looking for.

19 I don't have the answers right now. But I'm sure
20 we'll find a way to see what's going on, and see if
21 we can connect you. Thank you.

22 Next.

23 MS. EVANS: Hi. My name is Rachel Evans. I am
24 the Associate Program Director for the School-Based
25 Health Program at the Institute for Family Health.

2 We are a private, nonprofit federally qualified
3 health center with 28 sites in New York City and the
4 Mid-Hudson Valley. The Institute has been committed
5 to addressing health inequities in our communities
6 since its inception in 1983. And in the spirit of
7 that mission, the Institute started our school-based
8 health program in 2001. And we now operate seven
9 school-based health centers serving students from 15
10 New York City public and charter schools.

11 Thank you for inviting me and my colleagues to
12 testify on the importance of school-based health
13 centers. Our centers provide essential care to New
14 York City students at no cost to the students or
15 their families. You've heard from many of my
16 colleagues today that school-based health centers
17 provide our students with the full scope of primary
18 and preventive services. And school-based health
19 centers are really on the frontlines of urgent health
20 related needs in our communities.

21 We're all familiar with the pandemic's huge toll
22 on youth mental health around the country. Our full-
23 time mental health clinicians remained available both
24 in person and virtually to all students in our
25 schools throughout the past four years. They're

2 constantly finding new innovative ways to engage our
3 student populations through stress relief groups,
4 strapping hours, EMDR training, and more.

5 Most of the schools we work with don't have their
6 own mental health clinicians on site so the service
7 is vitally important to student health now more than
8 ever.

9 Additionally, many of our schools experienced an
10 influx of migrant students over the past two years.
11 Our school-based health team partnered with the
12 schools and the Department of Health to reconcile
13 vaccination records and provide catch-up vaccinations
14 to keep these students safe and in school at
15 completely no cost to their families.

16 Our team helps families beyond the student enroll
17 in health insurance and receive care within the
18 Institute for Family Health Network as well.

19 Our team at a high school in Chelsea has reversed
20 two student overdoses with Narcan during last school
21 year. We worked with the mayor's office after these
22 extremely close calls to expand access to Narcan for
23 all New York City school nurses and school-based
24 health centers. We also collaborated with the
25 institute's Addiction Medicine Program and the school

2 administrators to bring overdose prevention
3 strategies to school staff, parents, and students.

4 The services provided by school-based health
5 centers are essential for the ongoing well being of
6 our city's youth. However, these centers are often
7 the first programs that are cut during times of
8 financial distress. As you know, we've all come here
9 today to ask that these programs are protected
10 through baseline funding for New York City school-
11 based health centers at a rate of \$100,000 per school
12 campus and \$100 per student enrolled. This funding
13 will protect our health centers and allow us to
14 continue to provide and expand our services and
15 ensure that New York City students are receiving the
16 essential care that they need. Thank you.

17 CHAIRPERSON NARCISSE: Thank you. And I'm kind
18 of moved by what you said. Like, you know, it's--
19 it's unfortunate. The places that need it the most
20 are sometimes the one that lose things, the first to
21 go. So, we understand the importance of health. And
22 more than ever-- with mental health-- is a big thing
23 for us that we have to tackle, we have to keep on top
24 of that, because we can see it we can see our young
25 folks walking on the street, we can see how they

2 behave. You don't have a psych-- you don't have to
3 be in the field of psychologist, psychiatrist, or
4 even nurses, or whatever, a doctor. You can actually
5 see that. Any normal person, like we call people
6 that run in the norm, according to the norm, the
7 western norm. We don't know. But people in general,
8 we have a lot to deal with. And post-- I mean, the
9 height of the pandemic, we are still dealing with it.
10 Everyone. There is no such thing as normal anymore.
11 What's normal. We screen for "normal". What is
12 that? Because we have a lot of things going on when
13 it comes to mental, and not everybody receive it the
14 same way.

15 So, I thank you. And having those clinics within
16 the school building, I think is the best approach. I
17 had a part of my plan that I'd be-- way before I was
18 thinking I was going to be a Councilmember, I was
19 looking at how we can approach our young folks early
20 on to-- especially we know some community people who
21 really don't go to the doctors and do preventive
22 care, it can be a different obstacle on the way, it
23 can be the lack of knowledge, it can be access, it
24 can be transportation, people who have tendency, "I'm
25 going to work." What's the priority? And it is so

2 unfortunate that we're learning it now. And I truly
3 believe that we, as a city, will keep on moving and
4 trying to do the best we can. And I hear you. And
5 some of the question, Ginger Davis, if you have some
6 of the info for The Admin to answer, like, they're
7 not here, they're already gone. But if you feel like
8 there is specific, that you feel like, that we can
9 cooperate, you know, you talk to my Chief of Staff,
10 send them over, we'll do our very best to get the
11 answer for you.

12 I know when they close it, the mile, like one
13 mile can mean a lot for somebody else to go. Because
14 in my district, I don't even have, you know, those
15 healthcare centers. I have in the school, thank God.
16 But yes. So, whatever. I see you took the mic. Do
17 you have something?

18 MS. DAVIS: Yeah, it's not that, you know, not
19 that, you know, having questions. That's the easy
20 part. The part-- The hard part is the planning, the
21 design of things, and the sustainability. And so,
22 you know, funding was mentioned and you brought that
23 up, you know, how are they testing for-- just from
24 968? You have money for the testing, right? The
25 test needs to be the hemoglobin electrophoresis. It

2 happens to be the most expensive test, but it is the
3 most definitive, because you have rare traits that
4 will not be picked up by the Sickledex, or the
5 Sickleprep. Health + Hospital has to do that at
6 cost, right? Are students going to the hospitals to
7 get tested? Or can they make phlebotomists available
8 to come into this to the school-based clinics to do
9 it, right? So that means that's the salary for the
10 phlebotomist. And where's the funding? Because
11 unlike state legislature, the city council's bills
12 and initiatives don't particularly mention or ask for
13 funding in there. But funding is needed to get these
14 things implemented.

15 So, collaborating, for instance, with community-
16 based organizations, many of whom know where to go
17 find the funding, we could be instrumental in getting
18 funding. We can adopt schools. We can adopt the
19 district, or whatever it is, that needs to happen to
20 make sure that these programs are getting funded, and
21 that we can participate in doing what we do best to
22 make sure that the students and their families--

23 And it's not just-- You know, when you talk
24 about mindfulness. He's right about that. It is a
25 good preventative tool. We do that with our

2 community-based health workers-- I mean our community
3 health workers. Because of what they're addressing,
4 they can experience anxiety and depression. And so
5 we teach them mindfulness that they practice every
6 day, so that they don't-- and if they're getting to a
7 point where they feel overwhelmed, they talked to one
8 of their supervisors, and/or we refer them to mental
9 health services in the same way we do our clients,
10 right? This is what the community organizations can
11 do. We need to be included, because we can come up
12 with these ideas, and we can help with the funding,
13 and make sure that programs are not closing, that
14 services are not being missed.

15 We also have the cultural competency. We're
16 multilingual organizations. When you look at most
17 literature, it is always in English. It is not
18 always in other languages. And this is where we can
19 be of assistance to the Council, and to other health-
20 - you know, government agencies here in the city and
21 in the state.

22 CHAIRPERSON NARCISSE: I know. I ask you all the
23 time.

24 So, yes, we recognize that. We acknowledge the
25 work that you're doing. Because without you moving

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2 the city, CBOs are very, very important in our city.
3 And the work you do is admirable. And I thank-- I
4 thank God that New York City, because of you, because
5 everyone else that is doing the work, that is making
6 it possible for us to be-- I'm not saying-- Some
7 people say "the greatest city in the world", but
8 we're still working toward it. The greatest doesn't
9 mean you stop. We still have to be improved. And to
10 stay as the greatest city, we still have work-- I
11 mean, a lot of work to do. Work is always ahead.
12 So, I want to say thank you to all of you. Thank
13 you.

14 And as far as your information, give us a minute,
15 you can give it to the sergeant of arms. We have
16 some rules here. So-- or wait for me and I'll come
17 around. But I want to say thank you, thank you, and
18 thank you. And we're going to we're going to look
19 into everything you tell us.

20 And as far as-- I'm going to tell you, one of
21 the healthcare centers that I visited within the
22 school, they check for sickle cell disease. So, I
23 was very proud of that. They said they acknowledged
24 that some of the folks that are coming in, they might
25 never see a doctor to do the test. But one of the

2 good news I had: Some of the folks already knew they
3 were sickle cell, they had sickle cell disease. And
4 some of them knew they had the trait. They say some
5 of them. But they find a few that didn't-- were not
6 aware. So, they did the testing based on the
7 symptoms they were experiencing. So, they did.

8 MS. DAVIS: And follow up with counseling for
9 them to understand what that means. Because it-- you
10 know, and do it elementary, do it middle school, do
11 it high school, you know, because if they're getting--
12 - you know, getting busy, they don't understand that.
13 if you meet somebody with this trait, you can
14 possibly have a child with the disease.

15 CHAIRPERSON NARCISSE: That's right.

16 MS. DAVIS: We are trying just like Tay Sachs to
17 eliminate and eradicate this disease through the
18 education. So the testing is very important. But
19 the education has to also go with that.

20 CHAIRPERSON NARCISSE: I agree with you. That's
21 why we passed the bill. Education is part of it.
22 One of the things, like you said: The trait-- With
23 the trait that is prone to every child that you have
24 going to have 25% for the disease. That's not good
25 either. So, you don't want the trait to meet with

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2 the trait. And when people are in love, it is hard
3 to stop them. So, once you know your-- your status
4 early, then you can prevent.

5 MS. DAVIS: Be responsible.

6 CHAIRPERSON NARCISSE: So, be responsible.

7 So, thank you, everyone. Thank you.

8 Sergeant, can you take the information for me,
9 since I have to keep on moving? Unless you want to
10 wait?

11 All right. We will now hear from-- oh, we're
12 going to call from the Zoom. It is Yadira Navarro.
13 I'm trying to get my accent down.

14 Christine....

15 COMMITTEE COUNSEL: Yeah. And then she'll be
16 followed by...

17 CHAIRPERSON NARCISSE: Yeah. Okay. Okay, you
18 will be followed by Christine Schuch, and Rhonda
19 Braxton.

20 SERGEANT AT ARMS: You may begin.

21 MS. NAVARRO: Hello, my name is Yadira Navarro,
22 Director of Community and Stakeholder Relations for
23 New York Blood Center. Thank you to Committee Chairs
24 Lee, Joseph, Narcisse, Schulman, the committees, and
25 the entire Council for your continuous support of our

2 organization, the community blood supply, and
3 improving healthcare for all New York City residents.

4 We appreciate the opportunity to share testimony
5 in support of Bill 341 an important legislation
6 towards increased data collection for our sickle cell
7 disease community.

8 New York Blood Center is proud to serve the
9 community with the highest quality blood and stem
10 cell products over the last 60 years. We have a
11 world-renowned research institute known for its novel
12 and innovative research, positively impacting public
13 health through the development of products,
14 technologies, and services with the humanitarian
15 impact, and we're home to the largest rare blood
16 inventory serving patients worldwide located here in
17 Long Island City queens.

18 As a leader in sickle cell disease research, we
19 are fortunate to partner with local Sickle Cell
20 Disease Awareness organizations, as well as several
21 sickle cell disease warriors such as Shatira Weaver,
22 who will also provide supportive testimony.

23 Our partner organizations, our warrior friends
24 and, our researchers have all highlighted the need
25 for increased data collection in the fight against

2 sickle cell disease to determine the best treatment
3 options and services needed for these patients.

4 Blood product transfusions remain a critical
5 treatment option for sickle cell patients, with as
6 many as 90% receiving at least one transfusion by the
7 age of 20. Diverse blood donations further support
8 their treatment. And it's important to know thank
9 you that one in three African American blood donors
10 is a match to a sickle cell patient.

11 We are fully committed to collecting and
12 providing precise match units for all in need of
13 them. Therefore, genetic diversity in our blood
14 supply is crucial.

15 The lack of national data for the sickle cell
16 community contributes to inequities within the
17 healthcare system and limits the ability to serve the
18 full needs of these patients.

19 We in the New York Blood Center have a long
20 tradition of supporting national data collection
21 efforts and are currently participating in the All Of
22 Us Research Program with the NIH, which aims to build
23 one of the most diverse healthcare--

24 [BELL RINGS]

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2 SERGEANT AT ARMS: Thank you for your testimony.
3 Your time has expired.

4 MS. NAVARRO: I'm almost done. I'm so sorry. --
5 to support the disease treatment and prevention
6 across the country, any and all efforts to provide
7 increased data on the number of sickle cell patients
8 and the frequency of their medical episodes will only
9 help patients in need. New York Blood Center fully
10 supports this bill, and we hope to better understand
11 the volume of students affected by the disease to
12 improve patient care.

13 Thank you so much. We're committed partners in
14 bringing positive change to this community. Thank
15 you.

16 CHAIRPERSON NARCISSE: Thank you. Christine
17 Schuch, you may begin.

18 MS. SCHUCH: Good afternoon. My name is
19 Christine Schuch. I'm the Associate Executive
20 Director of United Community Schools at the United
21 Federation of Teachers. I'm speaking on behalf of
22 Karen Alford, the Vice President for Elementary
23 Schools at the UFT, and on behalf of the unions more
24 than 190,000 members. I want to thank the committee
25 members and Chairs Joseph, Schulman, Narcisse, and

2 Lee for hosting today's oversight hearing on school-
3 based health centers and school-based mental health
4 clinics. We thank you for this opportunity to
5 discuss the impactful work being done in our centers,
6 as well as in areas in which we require increased
7 support.

8 The United Community Schools is a teacher-
9 inspired nonprofit, improving outcomes for close to
10 20,000 families at 39 Community Schools it operates
11 across New York City and Albany, New York.

12 The community school model is built on the truth
13 that students can cannot reach their full potential
14 until their fundamental needs are met. That's why
15 you see us enhance the public schools by uncovering
16 the educational, emotional, social and health issues
17 that stand in the way of learning and addressing them
18 through strategic community partnerships.

19 By providing essential services such as free eye
20 care and glasses, dental services, nutrition, social
21 and emotional learning, and mental and physical
22 health services, our UCS teams are building stronger
23 schools and communities every day. The school-based
24 health centers within United Community Schools are a
25 vital component of our effort to remove barriers to

2 learning. UCS currently has nine centers within
3 schools throughout the five boroughs, some of which
4 are open while others are in the beginning stages of
5 opening up as well. Our centers serve all students
6 regardless of their insurance and immigration status.

7 Last school year, our school-based health centers
8 and other health services provided over 18,000 mental
9 health and wellness visits, over 16,000 health and
10 dental visits and performed over 5000 vision exams--

11 [BELL RINGS]

12 SERGEANT AT ARMS: Thank you for your testimony.
13 Your time has expired.

14 MS. SCHUCH: Thank you.

15 CHAIRPERSON NARCISSE: Can you just give a
16 conclusion?

17 MS. SCHUCH: Sure. Let me just scroll to the
18 bottom of here.

19 And, you know, I think the United Federation of
20 Teachers takes immense pride in our ability to
21 provide services to our students and our members as
22 well. And we just want to thank you for holding this
23 hearing, and we offer ongoing guidance to you to
24 strive to support school-based health centers. Thank
25 you.

2 CHAIRPERSON NARCISSE: Thank you. Rhonda
3 Braxton, followed by Shetara Weaver.

4 SERGEANT AT ARMS: You may begin.

5 MS. BRAXTON: Good afternoon. My name is Rhonda
6 Braxton and I'm the Vice President for Health and
7 Wellness at Children's Aid. I would like to thank
8 the committee Chairs and the members of the New York
9 City Council's various committees for the opportunity
10 to submit testimony on school-based health centers,
11 or SBHCs.

12 Children's Aid believes that one of the most
13 effective ways to keep kids healthy is by making
14 high-quality physical, mental, and dental health care
15 accessible, which includes building health services
16 into their schools. School-based health centers
17 provide high-quality, low-cost health care, and serve
18 all patients regardless of insurance or immigration
19 status.

20 Children's Aid operates six SBHCs that provide an
21 array of medical, dental, and behavioral health
22 services. Of these four operate on site Article 31
23 mental health clinics. All are located in low-income
24 neighborhoods where access to health care can be ever
25 present roadblocks for families. In fiscal year

2 2023, our school-based health centers served nearly
3 5500 students and saw upwards of 13,500 medical
4 visits, in addition of 4,000 behavioral health
5 visits.

6 Throughout the COVID 19 pandemic, our health
7 centers played a pivotal role in providing testing
8 mental health care and ultimately vaccines once they
9 became available. Nevertheless, our youth are
10 experiencing a mental health crisis that is
11 unprecedented in scale and magnitude. At present,
12 all of our school-based health centers are seeing an
13 influx of newcomer students with varying health care
14 needs and little to no resources. At one of our
15 sites we assisted for asylum seekers diagnosed with
16 sickle cell disease. We connected them to
17 hematologists, administered requisite vaccines, and
18 provided prophylactic penicillin from our own supply
19 to avoid life-threatening infections.

20 Despite the importance of the services offered,
21 insurance only covers about 50% of operations as
22 SBHCs never turn patients away, regardless of
23 insurance status. A combination of cuts at the state
24 level--

25 [BELL RINGS]

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1 DISABILITIES, AND ADDICTION 228

2 SERGEANT AT ARMS: Thank you. Your time has
3 expired.

4 MS. BRAXTON: Thank you.

5 CHAIRPERSON NARCISSE: Next is Shetara Weaver,
6 Diana Perez, followed by Diana Perez.

7 SERGEANT AT ARMS: You may begin.

8 CHAIRPERSON NARCISSE: Shetara? Diana Perez,
9 followed by Maria Youssef.

10 MS. PEREZ: Good afternoon. My name is Diana
11 Perez. I'm a nurse practitioner, and I work at the
12 Family Health Centers at NYU, the school-based health
13 program. It's great to see you again, Chair
14 Narcisse. Also Chair Lee, Schulman, Joseph, and
15 members of the Council. Thank you for holding this
16 very important meeting on school-based health centers
17 and school-based mental health clinics.

18 At the FHC family health centers, at NYU Langone,
19 we firmly believe that quality health care must be
20 accessible to be effective. That's why the school-
21 based health program at family health centers
22 operates a network of school-based health clinics
23 dedicated to providing top-notch medical and
24 Behavioral Health Care directly to children and
25 adolescents local clinics located in the schools, and

2 that in the elementary, middle and high schools
3 throughout New York City.

4 Our school program offers a comprehensive range
5 of medical, behavioral health, dental and vision
6 services to students regardless of ability to pay or
7 immigration status.

8 With services and 55 schools and three more
9 opening this summer the school health program ensures
10 that children receive the care that they need
11 conveniently right in their own school environments.
12 By providing preventative care to keep kids healthy,
13 and prompt medical attention when illness strikes.
14 We aim to minimize school absences and parental work
15 days lost. In fiscal year 2023, the school health
16 program, so approximately 15,600 students and
17 completed 82,600 clinical visits across all of our
18 service lines, and 15,600 were unique visits.

19 It's important to note that we're not alone in
20 our mission within our programs. 21 of our sites are
21 represented by the New York City Chapter of The New
22 York school-based Health Alliance which serves
23 students across the five boroughs including more than
24 22,516 in temporary housing, and approximately 5000
25 children of newly migrated families.

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2 Research demonstrates that school-based health
3 clinics have a positive impact on health equity,
4 school attendance, and reducing healthcare costs.
5 Their presence alone increases student's willingness
6 to seek medical services, especially for students
7 reporting depression and past suicide attempts and
8 those seeking information on pregnancy prevention.

9 [BELL RINGS]

10 SERGEANT AT ARMS: Thank you for your testimony.
11 Your time is expired.

12 CHAIRPERSON NARCISSE: Followed by Maria Youssef.
13 Mariana. Sorry, Mariana Youssef.

14 MS. YOUSSEF: No problem. Hi, good afternoon.
15 I'm Mariana Youssef, I'm Northside centers Assistant
16 Director for the clinic in Schools Program, which has
17 oversight of 16 satellite mental health clinic
18 locations in New York City public schools and charter
19 schools.

20 Our staffing includes licensed social workers,
21 and licensed mental health counselors, psychiatrists,
22 and psychiatric nurse practitioners, who provide
23 wraparound mental health services to the children and
24 caregivers of the school's population, as well as
25 support school staff and administration around

2 managing crises and providing general psychoeducation
3 as it pertains to youth mental health.

4 A 2023 study in the Annals of Pediatric and Child
5 Health said in the United States youth suicide has
6 become the second leading cause of premature death
7 among those aged 10 to 24 years and is the leading
8 cause of death among those aged 13 to 14 years.

9 School-based mental health clinics are uniquely Anna
10 and ideally suited to stem this crisis because
11 instead of having parent called dozens of in-network
12 providers, who supposedly take new patients and find
13 none, therapy is readily available for at risk
14 children. School officials often bring in school
15 clinical managers to resolve crises. Plus students
16 in emotional crisis have better faster access to
17 clinical help. Youth are sometimes more easily
18 engaged in their school environment. Having school
19 clinical managers in the children's schools gives
20 those managers a better understanding of the school's
21 environment and allows for a more holistic approach
22 to services, including understanding how children
23 interact with staff and their peers, and
24 collaborating with guidance counselors, social
25 workers, teachers, et cetera.

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2 To approve the efficacy of these programs.

3 Northside offers these recommendations: The city
4 could provide public service announcements promoting
5 students use of school-based mental health clinics as
6 an effective stigma free way to help at risk students
7 and other troubled students get the help they need.

8 To be trusted and effective, school--

9 SERGEANT AT ARMS: Thank you for your testimony
10 your time has expired.

11 MS. YOUSSEF: Thank you very much.

12 CHAIRPERSON NARCISSE: The next is Nia Morgan
13 followed by Aliyah Ansari.

14 SERGEANT AT ARMS: You may begin.

15 MS. MORGAN: Hi. So my name is Nia Morgan. I'm
16 a Liberation Program Facilitator with the Brotherhood
17 Sister Soul. Our process for 25 years process has
18 been at the forefront of social justice educating,
19 organizing and training to challenge inequity and
20 champion opportunity for all, with a focus on black
21 and Latinx youth, processes where young people claim
22 the power of their history, identity, and community
23 to build the future they want to see. Process
24 provides around-the-clock service and wraparound
25 programming making space for black and Latinx young

2 people to examine their roots and to find their
3 stories and awaken their legacy.

4 I personally am part of the Liberation Program,
5 which supports young people's organizing skills,
6 their growth of their agency, and teaching them about
7 systemic oppression.

8 And I am here today to, again, in support of
9 school mental health centers. We have three full-
10 time social workers on staff. And it is quite
11 apparent that as much as we try to provide wraparound
12 services to our young folks, that their needs are not
13 being met in schools. We do the best that we can.
14 But there still needs more. There still needs more
15 folks there, even though we have young people with
16 even with school-based health centers, such as from
17 Thurgood Marshall Academy, TMA, and CHA, Community
18 Health Academy of the Heights.

19 In addition, I won't repeat what all the other
20 experts have said. I will share my own story quickly
21 as to why Youth Mental Health Centers are so
22 important. I've been a youth organizer for several
23 years now. And in December, I talked to a young
24 person who, when they went to a social worker in
25 regards to a mental health crisis, they were put in a

2 mental health institution rather than actually spoken
3 to at length about their problem and what they were
4 dealing with. I am someone who was also in such a
5 similar somewhat similar situation. I went to a
6 hospital--

7 SERGEANT AT ARMS: Thank you for your testimony.
8 Your time has expired.

9 MS. MORGAN: Okay.

10 CHAIRPERSON NARCISSE: Can you-- Yes. Your
11 story. What's the story? Continue.

12 MS. MORGAN: Um, I ended up being-- I went there
13 on the advice of my therapist to get-- to get
14 medication. I have been living with depression since
15 I was 13 years old. It was unaddressed as a child.
16 I got help when I was 20 years old. And it's-- now I
17 live with chronic depression as a condition that I
18 will need treatment for the rest of my life because I
19 wasn't able to get early intervention. When I went
20 to that hospital and I was nearly institutionalized
21 that very-- that particular experience was so
22 traumatic for me that I am afraid to go to hospitals
23 generally and seek healthcare as a whole. I have
24 been able to go on and do more things. I have a
25 master's degree, I have a Juris Doctor. But that

2 experience stuck with me, and I personally cannot
3 imagine what the impact would be on a young person
4 for going to someone that they were supposed to
5 trust, and then being put in a situation they were
6 they were felt-- they felt completely powerless, they
7 had their agency completely stripped away from them
8 just because they wanted help. So, I'm here to
9 support the school mental health clinic.

10 CHAIRPERSON NARCISSE: Thank you for sharing your
11 own story, your personal story. Thank you. Next is
12 Aliyah Ansari.

13 SERGEANT AT ARMS: You may begin.

14 MS. ANSARI: Good afternoon. My name is Aliyah
15 Ansari, I'm the Teen Health Strategist for the New
16 York Civil Liberties Union. I want to thank you for
17 allowing me to testify today, I would like to use
18 this opportunity to provide the Council with
19 information on the importance of school-based health
20 centers.

21 In my current role as a teen host strategist at
22 the NYCLU, I've encountered firsthand the critical
23 importance of ensuring young people have access to
24 confidential health services. I trained providers
25 minors rights to confidential health care.

2 Understanding these rights enables healthcare
3 professionals establish trust with young patients,
4 fostering open communication facilitating early
5 intervention when necessary. In my former role as a
6 health educator I've witnessed the transformative
7 impact of comprehensive sex education in schools,
8 where students are empowered with the knowledge and
9 agency over their bodies and health choices. These
10 experiences have unequivocally underscored the
11 indispensable role of school-based health centers in
12 providing a safe and supportive environment for
13 adolescent to seek essential health care services.
14 SBHCs serve as a cornerstone in bridging the gap
15 between health care and education, offering a
16 confidential space where minors can access vital
17 resources and support without fear of judgment or
18 disclosure. School-based health centers play a
19 pivotal role in nurturing and supportive inclusive
20 schools climate, students are more likely to thrive
21 academically and socially, when they feel physically
22 and emotionally supported, and SBHC serve as pillars
23 of the support.

24 The NYCLU urges the council to consider increased
25 funding to create more SBHCs in New York City. By

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2 expanding the availability of school-based health
3 centers, we can ensure that all students, regardless
4 of their socioeconomic background, have access to
5 quality healthcare services, and the familiar and
6 accessible setting up their schools. Additional
7 funding for school-based health centers and targeted
8 placement strategies represents proactive investments
9 in the well-being of our youth and the overall health
10 equity of our city. Thank you.

11 CHAIRPERSON NARCISSE: Thank you. The next is
12 Lauren Jen, followed by Rochelle Wilson.

13 SERGEANT AT ARMS: You may begin.

14 DR. JEN: Thank you so much. My name is Dr.
15 Lauren Jen. I'm a New York City pediatrician. I'm
16 Chair-Elect of the American Academy of Pediatrics
17 National Section on Early Career Positions, and today
18 I speak on behalf of the American Academy of
19 Pediatrics, New York District, chapters two and
20 three, whose 3500 physician members provide health
21 and mental health care to millions of children and
22 teens living in and around New York City. Thank you
23 so much for the opportunity to submit testimony
24 today.

25

2 I speak today representing community
3 pediatricians and the AAP. New York pediatricians
4 appreciate and support SBHCs in New York City
5 schools, because they are effective, deliver quality
6 care that is accessible and convenient for children
7 and families, and provide a necessary extension to
8 the pediatric medical home. SBHCs keep children in
9 school and parents at work. They improve academic
10 outcomes and school connectedness. We know that
11 missing work and finding transportation can be
12 devastating for families with limited resources.

13 We are relieved when we learn a child has a
14 trusted SBHC where they can go to receive care. This
15 is especially important for the 90% of schools with
16 SBHCs serving the most disenfranchised New York city
17 neighborhoods. SBHCs are regulated and trained by
18 the New York City Department of Health and Mental
19 Hygiene, they communicate with together with PCPs.

20 Mental healthcare now comprises about 25% of
21 visits to our offices. When I identify and begin to
22 care for a child with behavioral health concerns, how
23 fortunate and beneficial for the child and family, if
24 I can easily call this child's SBHC and get them into
25 care with the counselor quickly. When I initiate or

2 change asthma management. I can communicate that to
3 an SBHC partner for optimal management.

4 New York AAP chapters two and three need SBHCs
5 for the children and families we serve. We ask for
6 the New York City Council continue to fund these
7 critical and safety net adjuncts to the care we
8 provide. And we propose to the city council consider
9 an alternative funding methodology to keep SBHC
10 sustainable. We've proposed a baseline funding model
11 of \$100,000 per school campus, plus \$100 per student
12 enrolled in the school.

13 The American Academy of Pediatrics recognizes
14 that children cannot learn if they are not healthy,
15 not present to receive instruction and not connected
16 to the school. SBHC providers and community
17 pediatricians can bring together the health and
18 education sponsors with a common goal of better
19 outcomes for children.

20 As New York City pediatricians, we thank the New
21 York City Council for your action and helping
22 children and families to grow and thrive. We are
23 ready to partner in this exciting and essential work.
24 New York AAP is ready and willing to partner in
25 healthy New York City efforts. Thank you.

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2 CHAIRPERSON NARCISSE: Thank you, doctor, Dr.
3 Jen. The next is Rochelle Wilson, followed by Dawn
4 Yuster.

5 SERGEANT AT ARMS: You may begin.

6 CHAIRPERSON NARCISSE: No. Dawn? Hello?

7 MS YUSTER: Hi. Yes. Are we ready for me to
8 begin?

9 CHAIRPERSON NARCISSE: Yes.

10 MS. YUSTER: Thank you. Good evening. Thank you
11 Chairpersons for the opportunity to testify. And for
12 this hearing. The Legal Aid Society is deeply
13 concerned about the threat of decreased funding for
14 social, emotional, behavioral, and mental health
15 services and public education and the devastating
16 implication of those cuts on our clients,
17 particularly given the continuing mental health
18 crisis for our children and youth.

19 The Legal Aid Society engages in educational
20 advocacy for our clients in the areas of school-based
21 mental health, restorative justice practices, school
22 discipline, special education, and school placement
23 and programming. And we repeatedly hear from our
24 clients that they sought out social workers mental
25 health supports in schools when they needed support,

2 but none was available. With nowhere to turn for
3 support, students lacking the tools to cope cannot
4 learn effectively or at all, and what we ended up
5 seeing is that students are unable to get their needs
6 met in schools, and instead young people end up
7 receiving mental health care in emergency rooms,
8 hospitals, foster care, and juvenile justice
9 facilities, rather than from mental health services.

10 We know there's clear data that school-based
11 mental health services work. We also know that they
12 reduce racial disparities.

13 The city launched a Mental Health Continuum to
14 address not only the need for school-based mental
15 health clinics, but also a continuum of services to
16 teach students the skills that they need socially and
17 emotionally as well as giving them access to
18 clinically trained school social workers as well as
19 psychiatrists and get other critical care and acute
20 care as needed.

21 The city created an innovative model called the
22 Mental Health Continuum, which is the first cross-
23 agency partnership ever, between the New York City
24 public schools--

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2 SERGEANT AT ARMS: Thank you for your testimony.
3 Your time has expired.

4 MS. YUSTER: And, if I could just finish two more
5 sentences. --The Department of Health and Mental
6 Hygiene. And we urge the city to join the council in
7 extending and baselining \$5 million in funding for
8 the Mental Health Continuum, extending funding for
9 school-based mental health clinics, extending funding
10 for the 450 social workers for \$67 million. And also
11 continuing and expanding funding for restorative
12 justice programs in the amount of at minimum \$22
13 million dollars.

14 Thank you so much. And my written testimony
15 provides much more extensive information. I
16 appreciate the opportunity to testify and be here
17 with you today. And just to let you know, you're
18 hearing great things about the school-based mental,
19 this whole Mental Health Continuum model, and that
20 they're every month they're doubling, there's a
21 doubling of the number of students that are getting
22 referrals and access to care, and only three clinics
23 of the five have already opened. So, there's so much
24 more to happen with the two clinics that will be
25 opening up soon.

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2 CHAIRPERSON NARCISSE: Thank you. The next is
3 Derry Oliver, followed by Salma Bachsin. I mean, no,
4 Bach. Sorry.

5 SERGEANT AT ARMS: You may begin.

6 CHAIRPERSON NARCISSE: Salma Bach? Yeah. Okay.
7 Followed by Camilla Sosa. Camilla Sosa. Alright, so
8 now I'm going to recall all the names that I had
9 called before that was not online. Joanna Vaughn
10 Maddy, Aaron Lawson, Shetera River, Rochelle Wilson.
11 Derry Oliver, Sama Bosch, and Kamila Sosa. If you're
12 online, please? No. All right. So, if anyone-- if
13 anyone have registered to testify, and have not yet
14 been called, please raise your hand in the chamber,
15 or on the Zoom.

16 Seeing no hands. I would like to note that
17 everyone can submit written testimony to
18 testimony@council.nyc.gov within 72 hours of this
19 hearing.

20 To conclude, I would like to thank all of my
21 staff, the students of course (and they were very
22 interesting here) and entrusted advocates who
23 attended today's hearing, and everyone who runs the
24 health and mental health centers and provides care
25 for our city's youth.

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2 Thank you all so much for the work you do. With
3 that, before I conclude I would like to say thank you
4 to all the team that make it possible.

5 First, I have to say Committee on Hospital Staff,
6 Rhea Oganzara, legislative council, Manul Budd,
7 legislative policy analyst, Melissa Nunez, senior
8 data scientist, James Hu, data scientist, Reese
9 Hairota, data scientist, Danielle Glintz, financial
10 analyst, Florentine Kabaro, finance unit head.

11 Committee on Education staff, Nadia Jean-Batiste,
12 legislative Counsel, Jen Atwell, senior policy
13 analyst, Clorey Rivera, senior policy analyst, Monica
14 Soleday, principal financial analyst, Andrew Lin
15 Lawless, legislative financial aid analyst.

16 Committee on Health staff: Christopher Pepe, senior
17 legislative counsel, Sarah Suture, legislative
18 counsel, Manul Budd, legislative policy analyst
19 Melissa Nunez, senior data scientist, James Hu, data
20 scientists, Reese Hairota, data scientist, Danielle
21 Glintz, financial analyst. Committee on Mental

22 Health and Disabilities and Addiction staff: Sarah
23 Sucher, legislative counsel, Christie Dwyer, senior
24 legislative policy analyst, Rose Martinez, assistant
25 deputy director of data, and Danielle Glintz,

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2 financial analyst, and to all of you that came to
3 make it possible. Thank you to my staff, Syed
4 Joseph, my Chief of Staff, deputy Frank Shea, my
5 scheduler and everyone in my office. I want to say
6 thank you to make it possible. Irena, thank you.
7 All the people in my office, all the volunteers,
8 everyone that makes our job easier and to all of you
9 that took your time to be here. And the Sergeant at
10 Arms. You're awesome. Thank you so much. And we
11 are done.

12 [GAVEL]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date May 22, 2024