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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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HELD AT: COUNCIL CHAMBERS, CITY HALL

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Rita C. Joseph, Chairperson
Linda Lee, Chairperson

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SERGEANT AT ARMS: Good afternoon, and welcome to today's New York City Council joint hearing for the Committees on Health; Mental Health, Disabilities, and Addiction; Hospitals; and Education.

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

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

hearing to ensure that vital care is being administered effectively.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PANELISTS: I do.

COMMITTEE COUNSEL: Thank you.

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

ASSISTANT COMMISIONER DAVIDOFF: Marnie Davidoff. Thank you.

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

MR. HANSMAN: Uh, Hansman.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: That's all?

MR. HANSMAN: That's correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON SCHULMAN: Okay.

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

CHAIRPERSON SCHULMAN: Please.

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

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

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

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

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

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

DEPUTY COMMISSIONER HAYES: Yes, it is

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

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

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

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

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

DR. LONG: I'd love to start.

CHAIRPERSON SCHULMAN: Go ahead.

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

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

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

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

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

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

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

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

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

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

ASSISSTANT COMMISSIONER DAVIDOFF: Teen--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. LONG: Absolutely.

CHAIRPERSON NARCISSE: All of them?

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

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

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

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

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

CHAIRPERSON NARCISSE: Oh, go ahead.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Mm-hmm.

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

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

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

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

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

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

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

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

DEPUTY COMMISSIONER HAYES: As far as...?

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

DEPUTY COMMISSIONER HAYES: The schools were closed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DEPUTY COMMISSIONER HAYES: Yes.

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

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

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

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

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

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

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

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

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

CHAIRPERSON JOSEPH: Okay.

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

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

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

CHAIRPERSON JOSEPH: Thank you. Good to know. Are school social work staff at CBO run school-based health clinics, or school-based mental health claims pay the same rate as the New York City public school, um, social workers?

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

CHAIRPERSON JOSEPH: New York City Public School is here.

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

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

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

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

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

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

CHAIRPERSON JOSEPH: Thank you. Chair?

MS. FRANK: May I add...?

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

CHAIRPERSON JOSEPH: Thank you, Chair.

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

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

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

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

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

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

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

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

CHAIRPERSON LEE: Okay.

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

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

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

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

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

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

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

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

CHAIRPERSON LEE: Okay.

ASSISSTANT COMMISSIONER DAVIDOFF: --and get back to you.

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

ASSISSTANT COMMISSIONER DAVIDOFF: So, clinics can provide services for youth under age 13--

CHAIRPERSON LEE: Which-- because--

ASSISSTANT COMMISSIONER DAVIDOFF: Article 31. I'm sorry.

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

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

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

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

CHAIRPERSON LEE: Okay.

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

CHAIRPERSON LEE: Okay.

MS. TIETZE: Is the license which they have.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON LEE: Right.

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

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

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

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

CHAIRPERSON LEE: Okay.

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

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

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

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

CHAIRPERSON NARCISSE: Thank you, Chair. Councilmember Brewer?

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

ASSISSTANT COMMISSIONER DAVIDOFF: Are you referring to the H+H closures?

COUNCILMEMBER BREWER: I am.

ASSISSTANT COMMISSIONER DAVIDOFF: Okay.

DR. LONG: Yeah, I--

COUNCILMEMBER BREWER: Is there a list?

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

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

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

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

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

COUNCILMEMBER BREWER: Okay.

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

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

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

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

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

COUNCILMEMBER BREWER: I heard it all.

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

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

COUNCILMEMBER BREWER: Okay.

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

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

DR. LONG: No, they're not.

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

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

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

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

COUNCILMEMBER BREWER: Yup.

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

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

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

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

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

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

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

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

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

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

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

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

DEPUTY COMMISSIONER HAYES: Yeah.

COUNCILMEMBER BREWER: Okay, that'll be helpful.

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

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

DEPUTY COMMISSIONER HAYES: Okay.

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

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

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

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

CHAIRPERSON JOSEPH: So who employs them?

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

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

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

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

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

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

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

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

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

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

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

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

MS. FRANK: My apologies.

CHAIRPERSON JOSEPH: DOHMH will be submitting a report.

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

CHAIRPERSON JOSEPH: That would be very helpful. Okay.

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

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

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

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

MS. FRANK: I totally understand.

CHAIRPERSON JOSEPH: Thank you.

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

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

of the services that they will be receiving. Parental consent is not necessary for sexual and reproductive health services, which by New York State law are confidential.

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. FRANK: Good afternoon, how are you?

CHAIRPERSON NARCISSE: I'm blessed and alive.

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

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

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

MS. FRANK: So we--

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

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

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

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

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

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

DEPUTY COMMISSIONER HAYES: [TO ASSISSTANT COMMISSIONER DAVIDOFF:] You could speak to that.

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: That's impressive.

MR. HANSMAN: Thank you.

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

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

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

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

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

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

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

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

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

new arrivals different from the care provided for other students?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you. I appreciate that.

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON JOSEPH: Okay.

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

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

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

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

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

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

CHAIRPERSON JOSEPH: And H+H.

ASSISSTANT COMMISSIONER DAVIDOFF: And H+H. Well, it's-- The good collaboration as among all three of us, for sure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

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

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

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

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

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

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

CHAIRPERSON NARCISSE: In the-- Suicidal? Yeah.

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

CHAIRPERSON NARCISSE: Yeah. Mm-hmm.

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

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

maybe, more people talking about it. What is that? You were getting somewhere with me, and I'm trying to get with you.

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

CHAIRPERSON NARCISSE: A combination.

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

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

CHAIRPERSON NARCISSE: Mm-hmm.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As a teacher we served educate our students and help them grow to be well rounded individuals so that they can become the change-makers of tomorrow. However, while we want what's best for our students, and seek to support our students, teachers are not mental health clinicians. Similarly, while guidance counselors are present in schools, their role is often heavily skewed towards helping guide students academically.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

today with your decisions, but the leaders of tomorrow.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You can begin. Thank you.

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

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

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

MS. STARR: Apologies.

CHAIRPERSON NARCISSE: Yeah.

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

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

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

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

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

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

So, that's my off-script statement.

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you. Next.

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

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

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

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you. Next.

MS. ETIENNE: Chair-- Excuse me. Chair Joseph, Chair Lee, Chair Narcisse, Chair Schulman, and the honorable members of the New York City Council, good afternoon. Thank you for convening this hearing on resources schools can provide for our young people. My name is Ania-Lisa Etienne, Deputy Director of Social Emotional Learning at the Urban Assembly.

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

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

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

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

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

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

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

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

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

we're supposed to do. We're going to do what we're supposed to do. But having you telling us is a great thing. Having taken your time, we appreciate it. Chair Joseph, any questions?

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

CHAIRPERSON NARCISSE: Chair Lee?

CHAIRPERSON LEE: We love you guys.

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

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

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you.

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

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

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

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

mental health supports in schools within the next few months.

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

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

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

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

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

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

CHAIRPERSON NARCISSE: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

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

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

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

MS. VERRIER: Me. Me.

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

DR. APPEL: David Appel.

CHAIRPERSON NARCISSE: David. Okay, David.

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

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

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

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

children, specifically reaching children not getting care anywhere else.

New York State DOH did an analysis of well-child visits for children with Medicaid: A 20% increase in the proportion of children with a well child visit was seen for those enrolled in both school-based health center and community primary care services. That data demonstrates that the children seen in school-based health centers, even with Medicaid, were a different group than seen in community settings. Children without insurance and newly migrated children add to the group of children that would be without basic care without school-based health centers.

School-based health centers are also very effective: For children with asthma, a 50% reduction hospitalization, a 50% reduction ER use and a three-day reduction in absences was seen and published. effective contraceptive use among school-based health center patients was 3.8 times higher than patients that were not able to access school-based health centers. This was estimated over a three-year period to avert 3500 pregnancies.

CHAIRPERSON NARCISSE: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So, thank you for the opportunity to present.

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

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

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

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

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

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

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

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

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

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

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

And, okay, Chair Lee? Okay.

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

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

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

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

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

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

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

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

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

CHAIRPERSON LEE: Oh, I see.

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

CHAIRPERSON LEE: Interesting, okay.

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

CHAIRPERSON LEE: Yeah. I was going to say.

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

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

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

CHAIRPERSON LEE: Okay.

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

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

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

CHAIRPERSON LEE: Right.

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

CHAIRPERSON LEE: Yeah. No, and these are the services that we desperately need. So, thank you all for the work you're doing.

DR. APPEL: Also our visit volume. We-- I don't know about your programs, but we've been seeing five to seven mental health visits a day, and depending on the season 15 to 20 medical visits a day.

CHAIRPERSON NARCISSE: That was going to be my question. You answered it for me.

CHAIRPERSON LEE: Thank you.

CHAIRPERSON NARCISSE: How do you reach those young folks to come to the clinic?

MR. FAGAN: We do a variety of things. We do-- We have a video on in the school, you know, showing them the availability of those services and the confidentiality of reproductive services in the age-appropriate schools. We also do some tabling. We also do some giveaways and prizes, to engage them, and work with the school administration to see what's most effective and needed.

CHAIRPERSON NARCISSE: Is there a way that we can do social media for them to get access to?

MR. FAGAN: We have done some, through our main social media site, our main Facebook, we have done some Facebook Lives on what we do in terms of school-based health.

CHAIRPERSON NARCISSE: Because, what I'm hearing is just like not enough young folks in the school going to those clinics, to the centers.

DR. CARMINE: We're pretty busy. We're not having that problem. But we do have a pregnancy

prevention program funded by the State, and they're in the classrooms, and they're also out there with QR codes where kids can download things. And they have made some Tic-Toks, and do advertising. So, those health educators are much better than doctors at some of the social media outreach and education. And they're our main outreach arm. But even our LPNs and medical assistants are in the schools talking about the clinic.

DR. APPEL: We're also doing catch up, because our-- during COVID, for two years students weren't in the school. So, in the High School, for example, 50% of the students are new to the building, and they don't even know that a school-based health center is there. Because those grades weren't there. They came for the first time. So, it takes time for them to know about it. It takes time to catch up and get all the enrollment up, so all the kids know about it. So, we've been very active-- the programs have been very active in getting the new students and the families of the new students to know that the clinics are there and getting used to using them.

CHAIRPERSON NARCISSE: Is there a way we can-- you can get the teachers involved? Because if the

teachers are involved, because every-- every young person that walks in, especially the new arrivals, they need that support, and they don't know. So, if we can get everybody in the building, if you can, you know-- That's my suggestion and recommendation. It is just, like, if we can get to even the-- if they have the safety population people, like in the front desks, and different places where we can get people in, to buy in, to understand the importance of those young folks who have their health together, so they don't have to be out of school, that will be a good way.

DR. CARMINE: Also, we have snacks.

CHAIRPERSON NARCISSE: Yes, the snacks will get them. They know food. I know. I raised four. The food, they're going to be like, "Oh, yeah." All right. So, thank you. Okay, go ahead.

MS. VERRIER: I was just going to say, at our Washington Heights site-- well both sites, we have a Teens Pack Program through CHN that does a lot of health education and reproductive health. There are signs all up over the school in Washington Heights that say "period products are available", "condoms are available". And we've done a good job there at

cultivating a relationship with teachers so that they feel relieved by there being a school-based health center there. And they don't feel the pressure of needing to figure out their students' health supports. They can send them upstairs and have them see in there. And so, it's been a strong working relationship between the school administration, and the teachers, and the school-based health centers. And over the years, they've really been able to make a great relationship across them. So, there's a lot of word getting out about it.

CHAIRPERSON NARCISSE: So, all the centers have dental? No? Not all of them.

MS. VERRIER: There's a large space strain when it comes to dental.

CHAIRPERSON NARCISSE: Because I heard--

DR. APPEL: So not all, but I think 44 do have dental as well.

CHAIRPERSON NARCISSE: Okay. All right. And the vision needs to be checked. Yeah? So, thank you. Thank you so much for being here.

The next panel is Teresa Ginger-- Davis. I said Theresa. Davis. Is that Theresa I said? Yeah, Giner. That's my Ginger. Ginger Davis. Yeah, I

know. Let's have it Teresa Ginger Davis. I get it. We've got to work together for sickle cell disease. The next is Rachel Evans. Rachel? Is that Rachel? Okay. Jack Dolgin. Jack? It seems like we have everybody for this panel. Caitlin Garbo. Caitlin? Is Adria Cruz. So, we've got everybody.

Okay. Well they're still not sitting in order. So, who did I call first? I think it was Ginger. I'm going to-- I'm going to do the same thing.

Thank you for being here. I will start with Miss Cruz. Is that Ms. Cruz? Yes. And then we will go that way.

MS. CRUZ: Yes. So you want me to start?

CHAIRPERSON NARCISSE: Yeah, yes. You can start.

MS. CRUZ: Excellent. All right. Good afternoon. I'm Adria Cruz, a board member of the New York School-Based Health Foundation. Thank you to the committee Chairs and members for allowing me to testify on school-based health centers, also known as SBHCs.

SBHCs are key pillars of New York's health equity strategy, reaching marginalized populations, reducing absenteeism, preventing teen pregnancies, addressing youth mental health needs, and promoting primary and

preventive care. Our 501-C3 foundation is committed to ensuring vulnerable school children access quality care via New York State school based health centers. We promote, strengthen, and expand school based health centers access by offering technical assistance, data services, and raising awareness of their vital role as a safety net for our state's underserved families.

In New York City, there are 138 school based health centers, serving 433 schools and over 150,000 students, regardless of insurance or immigration status. Sponsored by 18 healthcare organizations including hospitals and community health centers, over 90% of students served residing COVID-19 severely impacted neighborhoods according to the Taskforce on racial inclusion and equity treat. All SBHCs offer comprehensive medical and behavioral health services, many providing dental, vision, and health education at no cost to families.

Because school based health centers never turn patients away regardless of their insurance, billing only covers about 50% of school by cell center operations with the risks coming from various sources, including state and city health departments,

as well as private funds raised by the sponsoring organizations. In New York City certain schools are required to have a school nurse present. SBHCs assist New York City public schools in meeting this mandate. Yet, when an SBHC is established, New York City Public Schools remove the school nurse relying on school by cell centers to fulfill the health mandate without providing any funding for this responsibility.

As already told many SBHCs are financially fragile, and others face service reductions. Implementing a funding model for NYC SBHCs would not only stabilize many of them, but also ensure their long-term sustainability. We advocate for a funding model that includes providing $100,000 per school campus, along with an additional $100 per enrolled student in the school. We urge the city council to prioritize funding to ensure NYC SBHCs remain vital components of the city's safety net breaching healthcare gaps for vulnerable students.

We thank the Council for their support and commitment to caring for our most vulnerable New Yorkers. Thank you.

CHAIRPERSON NARCISSE: Thank you. Next.

MS. GARBO: Thank you. Good afternoon Chair Narcisse, and other Chairs and joint committee members. My name is Caitlin Garbo, and I'm here today on behalf of the National Alliance on Mental Illness of New York City NAMI-NYC. For over 40 years, we've provided renowned peer and evidence-based services led for and by individuals and families affected by mental illness across NYC, all free of charge. As you know, we have a mental health crisis among our youth, and decades of research and experience have laid a solid foundation and framework for effectively providing mental health services in schools that protect student wellbeing, promote learning, reduce stigma, and improve access. But there are programs like NAMI-NYC's Ending The Silence program, which has a unique aspect that we not only offer to students, but also to teachers and to family members, parents, and caregivers.

So, when we open the conversation around youth mental health and school-based mental health, it's a really missed opportunity if we're not also prioritizing in this conversation, the adults in the lives of students. Parents, teachers, and school staff are in that close ring of people that really

see what's going on in the lives of students. They're supporting them, and they can make or break the stigma and make or break those connections to resources.

So, I just want to emphasize that if we really want to affect the lives of young people, we need to make sure the adults in their lives have the language and have the resources to support them, and make sure they need it, especially when they are at their most vulnerable.

So, NAMI-NYC has free programming that we're happy to bring into schools, including Ending The Silence. We also have specifically targeted programming for parents of youth under 18, who are navigating their mental health journeys. We also offer a Family Match Program. We also have other support groups.

And as I mentioned, at last month's preliminary budget, hearing funding family support is crucial to providing the support that individuals dealing with mental health issues need, especially our youth. So, I want to emphasize as the conversation around youth mental health continues to grow, that it's not just focusing on the young people, but focusing on them

and those who are supporting them, so, we can holistically help students.

So, as we continue this conversation, I really want to make sure that you'll consider NAMI-NYC as a partner in the conversation around youth mental health and our work in this space as it expands this year and beyond. As Linda Lee mentioned, the Youth Mental Health roadmap is something we're really excited to see as a priority. Thank you.

CHAIRPERSON NARCISSE: Thank you. Next, Miss Davis. Ginger.

MS. DAVIS: Good afternoon. And thank you to Chairs Narcisse, Chair Lee, Joseph, and Schulman for convening this hearing today for Initiative 0341 to collect data on all students with sickle cell disease and sickle cell trait in the public school system.

As an adult living with sickle cell disease, I grew up and was educated in New York City public schools. It was very much different. The support that we needed, we had, because you didn't have such overcrowding that we have today here in the city. So the needs are greater.

And also, you know, the benefits of this bill is that you get early detection and intervention. So,

newborn screening collects data on children born in this state with sickle cell disease, children from any other state or anywhere that newborn screening is provided, they are already in the system and receiving comprehensive care. No data is being collected on sickle cell trait, especially those who have more than 40% sickle hemoglobin being produced are the ones at risk for having things like fatigue, headaches, joint and muscle pains. And they're being told that it's everything except their sickle cell trait. So, early intervention for that population is very important.

Improving health outcomes by giving access to the different types of care they need. I heard you talk about comprehensive care. But then we hear the students saying, "There's long lines. We can't get to it. Or when we do get to it is not relevant and it didn't really help me." So, having access to quality comprehensive care really starts with providing education.

And I want to go back to talk about Bill 968 that was passed in November that was talking about provider education, public screening, and genetic counseling. We know the hospitals don't really have

the capacity to do genetic counseling for the 2 to 3 million people with trait in the city and counting, because now we have new people coming in from other countries and other states that may not have had access to healthcare. And so we need to have the provider education so they can better deal with not just chronic illnesses, but the rare diseases, right?

Community engagement: We need to have community or organizations in this. We are on the ground. We're in the schools. We're in the churches. We're everywhere we need to be. And we're getting the complaints. We're hearing the problems. We can also be part of the solution. We can be part of program design. There should not be any clinics that are being closed. They should be fixed. Find out what the root problem is and fix it, and make sure that those centers can provide the care.

And less thing: Getting the data, the data collection is very important, because as you see now, in sickle cell disease and other rare diseases, there's a lot of research for novel therapies, both for disease modifying and curative therapies. We can bring that education into the schools, to the students who need it, that there's no medications

available that can help you to live healthier. There are clinical trials that are looking at new novel therapies that can help you to live healthier and longer.

So, we need to have this data collected and shared so that we can give greater access. And when you're talking about closing a program, and there's another one a mile away, that's a social determinant to care. Because we do have transportation issues with some families, and they can't get to this appointment.

And the last thing I want to say is listening to the questions and answers from the Department of Health, Department of Education, HHC-- excuse me, HHS: They speak and then they get up and leave and they don't stay to listen to our testimonies. They're making it sound hunky dory. "Oh, we're putting this new center here, and everybody can go here." But they don't hear-- stay to hear the students say, "Long lines. We're not getting what we need." They're not hearing from centers to say we don't have enough money to do our programs. And when we get funding, and it goes away, we can't keep our programs functioning. Those people need to be here

through the whole hearing, to hear from the community so that when they are making their plans, and they're fixing the problems, they're doing it in the way that the community needs.

CHAIRPERSON NARCISSE: Thank you.

MR. DOLGIN: Hi, I grew up in New York, I'm a resident here. And I wanted to talk about one initiative that I think is very relevant for this conversation about school mental health. Almost all the conversation today has seemed to be about one of two things within mental health: It's been talking about just how big of a problem this is, and talking about reactive approaches. So, helping people who are already suffering. And that's certainly very important.

But I want to highlight an initiative that the Mayor put out last year, that's actually a proactive approach. And while the New York Post may have joked about it, I've spent the past six years doing full time research in psychology and neuroscience, and I have a lot of hopes for it. This is the mayor's Mindfulness Initiative, which is to have students do two to five minutes of mindfulness every day in the classroom. And it's actually extremely pioneering.

There's never been a city at scale testing this until New York City. So, I'm a big fan. Unfortunately, I've had a bit of a difficult time getting in touch with people who are involved in the organization of it. And I understand the DOE is massive. And I just didn't really know who else to reach out to exactly. So, I thought maybe if I put my voice out there publicly, and said that I would love to be in touch with a Councilmember or someone who could help me contribute. And I'm not even asking to like, you know, get paid or anything. Just to offer my expert guidance. I have suggestions for reducing the costs and increasing the quality of the program. I just-- Yeah, it's a little bit frustrating, I think. I don't really know where else to go. So, I wanted to offer, basically, my help and say, I think it's really promising.

And often in government, there's trade offs between money and, you know, where you're going to put the money or even rights between people. But this is the sort of thing that's like, so simple. Like two to five minutes every day where kids are learning not only things in school, but also just sort of how to learn as a cognitive development

process. And, also at the same time helping their mental health. Not to mention there's issues of like being addicted to your smartphone. There's all these things that can be improved. Plus teacher retention. So, I have a lot of hopes for it. And I just wanted to like say, if there's any way I can be put in touch with the people who are behind this, that would be appreciated.

CHAIRPERSON NARCISSE: I don't have the answer right now as I'm sitting here, but we definitely hear you. And we're going to work into it before you leave here. I think we have all your information. So, if we need extra, we're going to wait and then we're going to talk to you and see how the best way we can make it happen, and see how we can connect you with somebody that can actually have all the answers that you're looking for.

I don't have the answers right now. But I'm sure we'll find a way to see what's going on, and see if we can connect you. Thank you.

Next.

MS. EVANS: Hi. My name is Rachel Evans. I am the Associate Program Director for the School-Based Health Program at the Institute for Family Health.

We are a private, nonprofit federally qualified health center with 28 sites in New York City and the Mid-Hudson Valley. The Institute has been committed to addressing health inequities in our communities since its inception in 1983. And in the spirit of that mission, the Institute started our school-based health program in 2001. And we now operate seven school-based health centers serving students from 15 New York City public and charter schools.

Thank you for inviting me and my colleagues to testify on the importance of school-based health centers. Our centers provide essential care to New York City students at no cost to the students or their families. You've heard from many of my colleagues today that school-based health centers provide our students with the full scope of primary and preventive services. And school-based health centers are really on the frontlines of urgent health related needs in our communities.

We're all familiar with the pandemic's huge toll on youth mental health around the country. Our full-time mental health clinicians remained available both in person and virtually to all students in our schools throughout the past four years. They're

constantly finding new innovative ways to engage our student populations through stress relief groups, strapping hours, EMDR training, and more.

Most of the schools we work with don't have their own mental health clinicians on site so the service is vitally important to student health now more than ever.

Additionally, many of our schools experienced an influx of migrant students over the past two years. Our school-based health team partnered with the schools and the Department of Health to reconcile vaccination records and provide catch-up vaccinations to keep these students safe and in school at completely no cost to their families.

Our team helps families beyond the student enroll in health insurance and receive care within the Institute for Family Health Network as well.

Our team at a high school in Chelsea has reversed two student overdoses with Narcan during last school year. We worked with the mayor's office after these extremely close calls to expand access to Narcan for all New York City school nurses and school-based health centers. We also collaborated with the institute's Addiction Medicine Program and the school

administrators to bring overdose prevention strategies to school staff, parents, and students.

The services provided by school-based health centers are essential for the ongoing well being of our city's youth. However, these centers are often the first programs that are cut during times of financial distress. As you know, we've all come here today to ask that these programs are protected through baseline funding for New York City school-based health centers at a rate of $100,000 per school campus and $100 per student enrolled. This funding will protect our health centers and allow us to continue to provide and expand our services and ensure that New York City students are receiving the essential care that they need. Thank you.

CHAIRPERSON NARCISSE: Thank you. And I'm kind of moved by what you said. Like, you know, it's-- it's unfortunate. The places that need it the most are sometimes the one that lose things, the first to go. So, we understand the importance of health. And more than ever-- with mental health-- is a big thing for us that we have to tackle, we have to keep on top of that, because we can see it we can see our young folks walking on the street, we can see how they

behave. You don't have a psych-- you don't have to be in the field of psychologist, psychiatrist, or even nurses, or whatever, a doctor. You can actually see that. Any normal person, like we call people that run in the norm, according to the norm, the western norm. We don't know. But people in general, we have a lot to deal with. And post-- I mean, the height of the pandemic, we are still dealing with it. Everyone. There is no such thing as normal anymore. What's normal. We screen for "normal". What is that? Because we have a lot of things going on when it comes to mental, and not everybody receive it the same way.

So, I thank you. And having those clinics within the school building, I think is the best approach. I had a part of my plan that I'd be-- way before I was thinking I was going to be a Councilmember, I was looking at how we can approach our young folks early on to-- especially we know some community people who really don't go to the doctors and do preventive care, it can be a different obstacle on the way, it can be the lack of knowledge, it can be access, it can be transportation, people who have tendency, "I'm going to work." What's the priority? And it is so

unfortunate that we're learning it now. And I truly believe that we, as a city, will keep on moving and trying to do the best we can. And I hear you. And some of the question, Ginger Davis, if you have some of the info for The Admin to answer, like, they're not here, they're already gone. But if you feel like there is specific, that you feel like, that we can cooperate, you know, you talk to my Chief of Staff, send them over, we'll do our very best to get the answer for you.

I know when they close it, the mile, like one mile can mean a lot for somebody else to go. Because in my district, I don't even have, you know, those healthcare centers. I have in the school, thank God. But yes. So, whatever. I see you took the mic. Do you have something?

MS. DAVIS: Yeah, it's not that, you know, not that, you know, having questions. That's the easy part. The part-- The hard part is the planning, the design of things, and the sustainability. And so, you know, funding was mentioned and you brought that up, you know, how are they testing for-- just from 968? You have money for the testing, right? The test needs to be the hemoglobin electrophoresis. It

happens to be the most expensive test, but it is the most definitive, because you have rare traits that will not be picked up by the Sickledex, or the Sickleprep. Health + Hospital has to do that at cost, right? Are students going to the hospitals to get tested? Or can they make phlebotomists available to come into this to the school-based clinics to do it, right? So that means that's the salary for the phlebotomist. And where's the funding? Because unlike state legislature, the city council's bills and initiatives don't particularly mention or ask for funding in there. But funding is needed to get these things implemented.

So, collaborating, for instance, with community-based organizations, many of whom know where to go find the funding, we could be instrumental in getting funding. We can adopt schools. We can adopt the district, or whatever it is, that needs to happen to make sure that these programs are getting funded, and that we can participate in doing what we do best to make sure that the students and their families--

And it's not just-- You know, when you talk about mindfulness. He's right about that. It is a good preventative tool. We do that with our

community-based health workers-- I mean our community health workers. Because of what they're addressing, they can experience anxiety and depression. And so we teach them mindfulness that they practice every day, so that they don't-- and if they're getting to a point where they feel overwhelmed, they talked to one of their supervisors, and/or we refer them to mental health services in the same way we do our clients, right? This is what the community organizations can do. We need to be included, because we can come up with these ideas, and we can help with the funding, and make sure that programs are not closing, that services are not being missed.

We also have the cultural competency. We're multilingual organizations. When you look at most literature, it is always in English. It is not always in other languages. And this is where we can be of assistance to the Council, and to other health-- you know, government agencies here in the city and in the state.

CHAIRPERSON NARCISSE: I know. I ask you all the time.

So, yes, we recognize that. We acknowledge the work that you're doing. Because without you moving

the city, CBOs are very, very important in our city. And the work you do is admirable. And I thank-- I thank God that New York City, because of you, because everyone else that is doing the work, that is making it possible for us to be-- I'm not saying-- Some people say "the greatest city in the world", but we're still working toward it. The greatest doesn't mean you stop. We still have to be improved. And to stay as the greatest city, we still have work-- I mean, a lot of work to do. Work is always ahead. So, I want to say thank you to all of you. Thank you.

And as far as your information, give us a minute, you can give it to the sergeant of arms. We have some rules here. So-- or wait for me and I'll come around. But I want to say thank you, thank you, and thank you. And we're going to we're going to look into everything you tell us.

And as far as-- I'm going to tell you, one of the healthcare centers that I visited within the school, they check for sickle cell disease. So, I was very proud of that. They said they acknowledged that some of the folks that are coming in, they might never see a doctor to do the test. But one of the

good news I had: Some of the folks already knew they were sickle cell, they had sickle cell disease. And some of them knew they had the trait. They say some of them. But they find a few that didn't-- were not aware. So, they did the testing based on the symptoms they were experiencing. So, they did.

MS. DAVIS: And follow up with counseling for them to understand what that means. Because it-- you know, and do it elementary, do it middle school, do it high school, you know, because if they're getting-- you know, getting busy, they don't understand that. if you meet somebody with this trait, you can possibly have a child with the disease.

CHAIRPERSON NARCISSE: That's right.

MS. DAVIS: We are trying just like Tay Sachs to eliminate and eradicate this disease through the education. So the testing is very important. But the education has to also go with that.

CHAIRPERSON NARCISSE: I agree with you. That's why we passed the bill. Education is part of it. One of the things, like you said: The trait-- With the trait that is prone to every child that you have going to have 25% for the disease. That's not good either. So, you don't want the trait to meet with

the trait. And when people are in love, it is hard to stop them. So, once you know your-- your status early, then you can prevent.

MS. DAVIS: Be responsible.

CHAIRPERSON NARCISSE: So, be responsible.

So, thank you, everyone. Thank you.

Sergeant, can you take the information for me, since I have to keep on moving? Unless you want to wait?

All right. We will now hear from-- oh, we're going to call from the Zoom. It is Yadira Navarro. I'm trying to get my accent down.

Christine....

COMMITTEE COUNSEL: Yeah. And then she'll be followed by...

CHAIRPERSON NARCISSE: Yeah. Okay. Okay, you will be followed by Christine Schuch, and Rhonda Braxton.

SERGEANT AT ARMS: You may begin.

MS. NAVARRO: Hello, my name is Yadira Navarro, Director of Community and Stakeholder Relations for New York Blood Center. Thank you to Committee Chairs Lee, Joseph, Narcisse, Schulman, the committees, and the entire Council for your continuous support of our

organization, the community blood supply, and improving healthcare for all New York City residents.

We appreciate the opportunity to share testimony in support of Bill 341 an important legislation towards increased data collection for our sickle cell disease community.

New York Blood Center is proud to serve the community with the highest quality blood and stem cell products over the last 60 years. We have a world-renowned research institute known for its novel and innovative research, positively impacting public health through the development of products, technologies, and services with the humanitarian impact, and we're home to the largest rare blood inventory serving patients worldwide located here in Long Island City queens.

As a leader in sickle cell disease research, we are fortunate to partner with local Sickle Cell Disease Awareness organizations, as well as several sickle cell disease warriors such as Shatira Weaver, who will also provide supportive testimony.

Our partner organizations, our warrior friends and, our researchers have all highlighted the need for increased data collection in the fight against

sickle cell disease to determine the best treatment options and services needed for these patients.

Blood product transfusions remain a critical treatment option for sickle cell patients, with as many as 90% receiving at least one transfusion by the age of 20. Diverse blood donations further support their treatment. And it's important to know thank you that one in three African American blood donors is a match to a sickle cell patient.

We are fully committed to collecting and providing precise match units for all in need of them. Therefore, genetic diversity in our blood supply is crucial.

The lack of national data for the sickle cell community contributes to inequities within the healthcare system and limits the ability to serve the full needs of these patients.

We in the New York Blood Center have a long tradition of supporting national data collection efforts and are currently participating in the All Of Us Research Program with the NIH, which aims to build one of the most diverse healthcare--

[BELL RINGS]

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

MS. NAVARRO: I'm almost done. I'm so sorry. -- to support the disease treatment and prevention across the country, any and all efforts to provide increased data on the number of sickle cell patients and the frequency of their medical episodes will only help patients in need. New York Blood Center fully supports this bill, and we hope to better understand the volume of students affected by the disease to improve patient care.

Thank you so much. We're committed partners in bringing positive change to this community. Thank you.

CHAIRPERSON NARCISSE: Thank you. Christine Schuch, you may begin.

MS. SCHUCH: Good afternoon. My name is Christine Schuch. I'm the Associate Executive Director of United Community Schools at the United Federation of Teachers. I'm speaking on behalf of Karen Alford, the Vice President for Elementary Schools at the UFT, and on behalf of the unions more than 190,000 members. I want to thank the committee members and Chairs Joseph, Schulman, Narcisse, and

Lee for hosting today's oversight hearing on school-based health centers and school-based mental health clinics. We thank you for this opportunity to discuss the impactful work being done in our centers, as well as in areas in which we require increased support.

The United Community Schools is a teacher-inspired nonprofit, improving outcomes for close to 20,000 families at 39 Community Schools it operates across New York City and Albany, New York.

The community school model is built on the truth that students can cannot reach their full potential until their fundamental needs are met. That's why you see us enhance the public schools by uncovering the educational, emotional, social and health issues that stand in the way of learning and addressing them through strategic community partnerships.

By providing essential services such as free eye care and glasses, dental services, nutrition, social and emotional learning, and mental and physical health services, our UCS teams are building stronger schools and communities every day. The school-based health centers within United Community Schools are a vital component of our effort to remove barriers to

learning. UCS currently has nine centers within schools throughout the five boroughs, some of which are open while others are in the beginning stages of opening up as well. Our centers serve all students regardless of their insurance and immigration status.

Last school year, our school-based health centers and other health services provided over 18,000 mental health and wellness visits, over 16,000 health and dental visits and performed over 5000 vision exams--

[BELL RINGS]

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

MS. SCHUCH: Thank you.

CHAIRPERSON NARCISSE: Can you just give a conclusion?

MS. SCHUCH: Sure. Let me just scroll to the bottom of here.

And, you know, I think the United Federation of Teachers takes immense pride in our ability to provide services to our students and our members as well. And we just want to thank you for holding this hearing, and we offer ongoing guidance to you to strive to support school-based health centers. Thank you.

CHAIRPERSON NARCISSE: Thank you. Rhonda Braxton, followed by Shetara Weaver.

SERGEANT AT ARMS: You may begin.

MS. BRAXTON: Good afternoon. My name is Rhonda Braxton and I'm the Vice President for Health and Wellness at Children's Aid. I would like to thank the committee Chairs and the members of the New York City Council's various committees for the opportunity to submit testimony on school-based health centers, or SBHCs.

Children's Aid believes that one of the most effective ways to keep kids healthy is by making high-quality physical, mental, and dental health care accessible, which includes building health services into their schools. School-based health centers provide high-quality, low-cost health care, and serve all patients regardless of insurance or immigration status.

Children's Aid operates six SBHCs that provide an array of medical, dental, and behavioral health services. Of these four operate on site Article 31 mental health clinics. All are located in low-income neighborhoods where access to health care can be ever present roadblocks for families. In fiscal year

2023, our school-based health centers served nearly 5500 students and saw upwards of 13,500 medical visits, in addition of 4,000 behavioral health visits.

Throughout the COVID 19 pandemic, our health centers played a pivotal role in providing testing mental health care and ultimately vaccines once they became available. Nevertheless, our youth are experiencing a mental health crisis that is unprecedented in scale and magnitude. At present, all of our school-based health centers are seeing an influx of newcomer students with varying health care needs and little to no resources. At one of our sites we assisted for asylum seekers diagnosed with sickle cell disease. We connected them to hematologists, administered requisite vaccines, and provided prophylactic penicillin from our own supply to avoid life-threatening infections.

Despite the importance of the services offered, insurance only covers about 50% of operations as SBHCs never turn patients away, regardless of insurance status. A combination of cuts at the state level--

[BELL RINGS]

SERGEANT AT ARMS: Thank you. Your time has expired.

MS. BRAXTON: Thank you.

CHAIRPERSON NARCISSE: Next is Shetara Weaver, Diana Perez, followed by Diana Perez.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON NARCISSE: Shetara? Diana Perez, followed by Maria Youssef.

MS. PEREZ: Good afternoon. My name is Diana Perez. I'm a nurse practitioner, and I work at the Family Health Centers at NYU, the school-based health program. It's great to see you again, Chair Narcisse. Also Chair Lee, Schulman, Joseph, and members of the Council. Thank you for holding this very important meeting on school-based health centers and school-based mental health clinics.

At the FHC family health centers, at NYU Langone, we firmly believe that quality health care must be accessible to be effective. That's why the school-based health program at family health centers operates a network of school-based health clinics dedicated to providing top-notch medical and Behavioral Health Care directly to children and adolescents local clinics located in the schools, and

that in the elementary, middle and high schools throughout New York City.

Our school program offers a comprehensive range of medical, behavioral health, dental and vision services to students regardless of ability to pay or immigration status.

With services and 55 schools and three more opening this summer the school health program ensures that children receive the care that they need conveniently right in their own school environments. By providing preventative care to keep kids healthy, and prompt medical attention when illness strikes. We aim to minimize school absences and parental work days lost. In fiscal year 2023, the school health program, so approximately 15,600 students and completed 82,600 clinical visits across all of our service lines, and 15,600 were unique visits.

It's important to note that we're not alone in our mission within our programs. 21 of our sites are represented by the New York City Chapter of The New York school-based Health Alliance which serves students across the five boroughs including more than 22,516 in temporary housing, and approximately 5000 children of newly migrated families.

Research demonstrates that school-based health clinics have a positive impact on health equity, school attendance, and reducing healthcare costs. Their presence alone increases student's willingness to seek medical services, especially for students reporting depression and past suicide attempts and those seeking information on pregnancy prevention.

[BELL RINGS]

SERGEANT AT ARMS: Thank you for your testimony. Your time is expired.

CHAIRPERSON NARCISSE: Followed by Maria Youssef. Mariana. Sorry, Mariana Youssef.

MS. YOUSSEF: No problem. Hi, good afternoon. I'm Mariana Youssef, I'm Northside centers Assistant Director for the clinic in Schools Program, which has oversight of 16 satellite mental health clinic locations in New York City public schools and charter schools.

Our staffing includes licensed social workers, and licensed mental health counselors, psychiatrists, and psychiatric nurse practitioners, who provide wraparound mental health services to the children and caregivers of the school's population, as well as support school staff and administration around

managing crises and providing general psychoeducation as it pertains to youth mental health.

A 2023 study in the Annals of Pediatric and Child Health said in the United States youth suicide has become the second leading cause of premature death among those aged 10 to 24 years and is the leading cause of death among those aged 13 to 14 years. School-based mental health clinics are uniquely Anna and ideally suited to stem this crisis because instead of having parent called dozens of in-network providers, who supposedly take new patients and find none, therapy is readily available for at risk children. School officials often bring in school clinical managers to resolve crises. Plus students in emotional crisis have better faster access to clinical help. Youth are sometimes more easily engaged in their school environment. Having school clinical managers in the children's schools gives those managers a better understanding of the school's environment and allows for a more holistic approach to services, including understanding how children interact with staff and their peers, and collaborating with guidance counselors, social workers, teachers, et cetera.

To approve the efficacy of these programs. Northside offers these recommendations: The city could provide public service announcements promoting students use of school-based mental health clinics as an effective stigma free way to help at risk students and other troubled students get the help they need. To be trusted and effective, school--

SERGEANT AT ARMS: Thank you for your testimony your time has expired.

MS. YOUSSEF: Thank you very much.

CHAIRPERSON NARCISSE: The next is Nia Morgan followed by Aliyah Ansari.

SERGEANT AT ARMS: You may begin.

MS. MORGAN: Hi. So my name is Nia Morgan. I'm a Liberation Program Facilitator with the Brotherhood Sister Soul. Our process for 25 years process has been at the forefront of social justice educating, organizing and training to challenge inequity and champion opportunity for all, with a focus on black and Latinx youth, processes where young people claim the power of their history, identity, and community to build the future they want to see. Process provides around-the-clock service and wraparound programming making space for black and Latinx young

people to examine their roots and to find their stories and awaken their legacy.

I personally am part of the Liberation Program, which supports young people's organizing skills, their growth of their agency, and teaching them about systemic oppression.

And I am here today to, again, in support of school mental health centers. We have three full-time social workers on staff. And it is quite apparent that as much as we try to provide wraparound services to our young folks, that their needs are not being met in schools. We do the best that we can. But there still needs more. There still needs more folks there, even though we have young people with even with school-based health centers, such as from Thurgood Marshall Academy, TMA, and CHA, Community Health Academy of the Heights.

In addition, I won't repeat what all the other experts have said. I will share my own story quickly as to why Youth Mental Health Centers are so important. I've been a youth organizer for several years now. And in December, I talked to a young person who, when they went to a social worker in regards to a mental health crisis, they were put in a

mental health institution rather than actually spoken to at length about their problem and what they were dealing with. I am someone who was also in such a similar somewhat similar situation. I went to a hospital--

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

MS. MORGAN: Okay.

CHAIRPERSON NARCISSE: Can you-- Yes. Your story. What's the story? Continue.

MS. MORGAN: Um, I ended up being-- I went there on the advice of my therapist to get-- to get medication. I have been living with depression since I was 13 years old. It was unaddressed as a child. I got help when I was 20 years old. And it's-- now I live with chronic depression as a condition that I will need treatment for the rest of my life because I wasn't able to get early intervention. When I went to that hospital and I was nearly institutionalized that very-- that particular experience was so traumatic for me that I am afraid to go to hospitals generally and seek healthcare as a whole. I have been able to go on and do more things. I have a master's degree, I have a Juris Doctor. But that

experience stuck with me, and I personally cannot imagine what the impact would be on a young person for going to someone that they were supposed to trust, and then being put in a situation they were they were felt-- they felt completely powerless, they had their agency completely stripped away from them just because they wanted help. So, I'm here to support the school mental health clinic.

CHAIRPERSON NARCISSE: Thank you for sharing your own story, your personal story. Thank you. Next is Aliyah Ansari.

SERGEANT AT ARMS: You may begin.

MS. ANSARI: Good afternoon. My name is Aliyah Ansari, I'm the Teen Health Strategist for the New York Civil Liberties Union. I want to thank you for allowing me to testify today, I would like to use this opportunity to provide the Council with information on the importance of school-based health centers.

In my current role as a teen host strategist at the NYCLU, I've encountered firsthand the critical importance of ensuring young people have access to confidential health services. I trained providers minors rights to confidential health care.

Understanding these rights enables healthcare professionals establish trust with young patients, fostering open communication facilitating early intervention when necessary. In my former role as a health educator I've witnessed the transformative impact of comprehensive sex education in schools, where students are empowered with the knowledge and agency over their bodies and health choices. These experiences have unequivocally underscored the indispensable role of school-based health centers in providing a safe and supportive environment fors adolescent to seek essential health care services. SBHCs serve as a cornerstone in bridging the gap between health care and education, offering a confidential space where minors can access vital resources and support without fear of judgment or disclosure. School-based health centers play a pivotal role in nurturing and supportive inclusive schools climate, students are more likely to thrive academically and socially, when they feel physically and emotionally supported, and SBHC serve as pillars of the support.

The NYCLU urges the council to consider increased funding to create more SBHCs in New York City. By

expanding the availability of school-based health centers, we can ensure that all students, regardless of their socioeconomic background, have access to quality healthcare services, and the familiar and accessible setting up their schools. Additional funding for school-based health centers and targeted placement strategies represents proactive investments in the well-being of our youth and the overall health equity of our city. Thank you.

CHAIRPERSON NARCISSE: Thank you. The next is Lauren Jen, followed by Rochelle Wilson.

SERGEANT AT ARMS: You may begin.

DR. JEN: Thank you so much. My name is Dr. Lauren Jen. I'm a New York City pediatrician. I'm Chair-Elect of the American Academy of Pediatrics National Section on Early Career Positions, and today I speak on behalf of the American Academy of Pediatrics, New York District, chapters two and three, whose 3500 physician members provide health and mental health care to millions of children and teens living in and around New York City. Thank you so much for the opportunity to submit testimony today.

I speak today representing community pediatricians and the AAP. New York pediatricians appreciate and support SBHCs in New York City schools, because they are effective, deliver quality care that is accessible and convenient for children and families, and provide a necessary extension to the pediatric medical home. SBHCs keep children in school and parents at work. They improve academic outcomes and school connectedness. We know that missing work and finding transportation can be devastating for families with limited resources.

We are relieved when we learn a child has a trusted SBHC where they can go to relieve care. This is especially important for the 90% of schools with SBHCs serving the most disenfranchised New York city neighborhoods. SBHCs are regulated and trained by the New York City Department of Health and Mental Hygiene, they communicate with together with PCPs.

Mental healthcare now comprises about 25% of visits to our offices. When I identify and begin to care for a child with behavioral health concerns, how fortunate and beneficial for the child and family, if I can easily call this child's SBHC and get them into care with the counselor quickly. When I initiate or

change asthma management. I can communicate that to an SBHC partner for optimal management.

New York AAP chapters two and three need SBHCs for the children and families we serve. We ask for the New York City Council continue to fund these critical and safety net adjuncts to the care we provide. And we propose to the city council consider an alternative funding methodology to keep SBHC sustainable. We've proposed a baseline funding model of $100,000 per school campus, plus $100 per student enrolled in the school.

The American Academy of Pediatrics recognizes that children cannot learn if they are not healthy, not present to receive instruction and not connected to the school. SBHC providers and community pediatricians can bring together the health and education sponsors with a common goal of better outcomes for children.

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

CHAIRPERSON NARCISSE: Thank you, doctor, Dr. Jen. The next is Rochelle Wilson, followed by Dawn Yuster.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON NARCISSE: No. Dawn? Hello?

MS YUSTER: Hi. Yes. Are we ready for me to begin?

CHAIRPERSON NARCISSE: Yes.

MS. YUSTER: Thank you. Good evening. Thank you Chairpersons for the opportunity to testify. And for this hearing. The Legal Aid Society is deeply concerned about the threat of decreased funding for social, emotional, behavioral, and mental health services and public education and the devastating implication of those cuts on our clients, particularly given the continuing mental health crisis for our children and youth.

The Legal Aid Society engages in educational advocacy for our clients in the areas of school-based mental health, restorative justice practices, school discipline, special education, and school placement and programming. And we repeatedly hear from our clients that they sought out social workers mental health supports in schools when they needed support,

but none was available. With nowhere to turn for support, students lacking the tools to cope cannot learn effectively or at all, and what we ended up seeing is that students are unable to get their needs met in schools, and instead young people end up receiving mental health care in emergency rooms, hospitals, foster care, and juvenile justice facilities, rather than from mental health services.

We know there's clear data that school-based mental health services work. We also know that they reduce racial disparities.

The city launched a Mental Health Continuum to address not only the need for school-based mental health clinics, but also a continuum of services to teach students the skills that they need socially and emotionally as well as giving them access to clinically trained school social workers as well as psychiatrists and get other critical care and acute care as needed.

The city created an innovative model called the Mental Health Continuum, which is the first cross-agency partnership ever, between the New York City public schools--

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

MS. YUSTER: And, if I could just finish two more sentences. --The Department of Health and Mental Hygiene. And we urge the city to join the council in extending and baselining $5 million in funding for the Mental Health Continuum, extending funding for school-based mental health clinics, extending funding for the 450 social workers for $67 million. And also continuing and expanding funding for restorative justice programs in the amount of at minimum $22 million dollars.

Thank you so much. And my written testimony provides much more extensive information. I appreciate the opportunity to testify and be here with you today. And just to let you know, you're hearing great things about the school-based mental, this whole Mental Health Continuum model, and that they're every month they're doubling, there's a doubling of the number of students that are getting referrals and access to care, and only three clinics of the five have already opened. So, there's so much more to happen with the two clinics that will be opening up soon.

CHAIRPERSON NARCISSE: Thank you. The next is Derry Oliver, followed by Salma Bachsin. I mean, no, Bach. Sorry.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON NARCISSE: Salma Bach? Yeah. Okay. Followed by Camilla Sosa. Camilla Sosa. Alright, so now I'm going to recall all the names that I had called before that was not online. Joanna Vaughn Maddy, Aaron Lawson, Shetera River, Rochelle Wilson. Derry Oliver, Sama Bosch, and Kamila Sosa. If you're online, please? No. All right. So, if anyone-- if anyone have registered to testify, and have not yet been called, please raise your hand in the chamber, or on the Zoom.

Seeing no hands. I would like to note that everyone can submit written testimony to testimony@council.nyc.gov within 72 hours of this hearing.

To conclude, I would like to thank all of my staff, the students of course (and they were very interesting here) and entrusted advocates who attended today's hearing, and everyone who runs the health and mental health centers and provides care for our city's youth.

Thank you all so much for the work you do. With that, before I conclude I would like to say thank you to all the team that make it possible.

First, I have to say Committee on Hospital Staff, Rhea Oganzara, legislative council, Manul Budd, legislative policy analyst, Melissa Nunez, senior data scientist, James Hu, data scientist, Reese Hairota, data scientist, Danielle Glintz, financial analyst, Florentine Kabaro, finance unit head. Ommittee on Education staff, Nadia Jean-Batiste, legislative Counsel, Jen Atwell, senior policy analyst, Clorey Rivera, senior policy analyst, Monica Soleday, principal financial analyst, Andrew Lin Lawless, legislative financial aid analyst. Committee on Health staff: Christopher Pepe, senior legislative counsel, Sarah Suture, legislative counsel, Manul Budd, legislative policy analyst Melissa Nunez, senior data scientist, James Hu, data scientists, Reese Hairota, data scientist, Danielle Glintz, financial analyst. Committee on Mental Health and Disabilities and Addiction staff: Sarah Sucher, legislative counsel, Christie Dwyer, senior legislative policy analyst, Rose Martinez, assistant deputy director of data, and Danielle Glintz,

financial analyst, and to all of you that came to make it possible. Thank you to my staff, Syed Joseph, my Chief of Staff, deputy Frank Shea, my scheduler and everyone in my office. I want to say thank you to make it possible. Irena, thank you. All the people in my office, all the volunteers, everyone that makes our job easier and to all of you that took your time to be here. And the Sergeant at Arms. You're awesome. Thank you so much. And we are done.

[GAVEL]

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