



Testimony

Before the Education Committee of the New York City Council

Regarding the New York City Department of Education Special Education reform

October 25, 2013

Presented by Rue Zalia Watkins
Education Services Specialist
Mental Health Association of New York Cit

Thank you so very much for addressing this issue which is impacting so many students with special needs in NYC today. My name is RueZalia Watkins, and I am here on behalf of the Mental Health Association of NYC. Many of you know us through LIFENET and the National Suicide Prevention Lifeline, but we also have five Family Resource Centers contracted through the Department of Health and Mental Hygiene to provide services and supports specifically to families of students with mental illness, as well as emotional and behavioral difficulties from birth through age twenty five. It is on behalf of these students and families that I appear before you today.

The idea of special education reform was an exciting possibility for all of us who know and work with these distinct students. The idea that they would have the opportunity to receive the supports they need in a general education setting designed to prepare student for a successful future provided much hope for our families. We were particularly encouraged that students with mental, emotional and behavior difficulties would not be bounced out of a school because of their behaviors or history. The most pronounced difference the reform provided however was the possible array of services to be delivered and the flexibility in scheduling, within the classroom and the school, which could, potentially increase academic achievement for our students. Our hopes were shattered by an approach that was fragmented, confusing to families and lacking the necessary funding to ensure such a massive transition. Furthermore, to view or approach special education reform outside of the parameters and constraints in which it exists, such as centralized enrollment and the current network structure, results in students being locked into schools that cannot meet their needs.

To successfully change the nature of education in NYC for students with mental, behavioral and emotional distinctions there must be both movement towards and evidence of the following:

Access to School Based Mental Health Clinics

- Many students with mental illness in particular need access to the schools with the services that can support them. Many families have difficulty getting the treatment their children need because of their current employment. Similarly there are students with mental illness who require this type of on-site clinical support to ensure academic progress;
- In most cases where there are comprehensive services that students with specific needs require for learning, families, and even we advocates, do not know where these schools are, nor is there a process for families to apply to these schools, even in articulating grades;

Recommendation: Families and students in need of these services should have access to enrollment and guidance personnel that can place them in such a setting without a medical, distance or safety transfer variance, as opposed to sending them to their zoned school;

Recommendation: Schools with mental health clinics and significant behavioral supports should be listed in all middle school and high school directories.

Behavioral Supports and Services in Schools

- Students with mental, emotional and behavioral challenges require services beyond counseling. They need access to a school community that is trained to understand and support them regardless of whether they are in a elementary or middle school or a CTE or specialized high school;
- These students very often need time during their school day for transition, processing a social mis-read before it escalates into a suspension and/or time to catch up on classwork afterschool because they had an emotional event during the school day;

Recommendation: The more students are integrated into a general education setting the more comprehensive and cohesive professional development must be funded and required to ensure both a decrease in 911 calls taking students to hospitals and academic progress;

Recommendation: We are encouraged by the Institute for Understanding Behavior, a collaborative approach between DOE, UFT and Cornell to train school communities in ways that can potentially increase attendance, participation and academic achievement for our students with behavioral and emotional challenges. We recommend that funding support for this approach be examined and increased;

Access to Services and Qualitative and Competitive Programs for Students Transitioning from Hospitals, Day Treatment Programs and/or Residential Treatment Facilities

- Currently students in day treatment, hospital and residential programs, for the most part return to their previous school. If they are in articulating grades however, it remains unclear how the choice process works for them as it does their non-disabled peers;
- Similarly, students in these programs whose services may need to be changed as a result of needs identified during their stay in these programs, too often must return to their previous school and cannot get the new services they really need to maintain the stability acquired during their treatment;
- Currently SESIS cannot be opened in a school to update the IEP unless the student is currently enrolled in that school building, so recommendations for service changes cannot be made until the student returns to his/her previous school and awaits the required IEP process;

Recommendation: To ensure the stability of students with mental illness transitioning back to their previous schools in need of different services, develop a process between D75 and community schools, to update their IEP and move these frail students back to their schools with the new IEP detailing the needed services so they do not have to wait thirty days in a setting that could cause a relapse;

Recommendation: To ensure the continued mental wellness of students transitioning back from day treatment, hospital and/or residential programs who need different services and a new or different program, develop a process between the CSE, D75, community schools and the Office of Student Enrollment, to update their IEP and move these students to the new program that is so necessary for their stability.

Support for Older Students in DOE Transfer Schools and GED Programs

- Special education reform is for all students, yet older students with mental, emotional and behavioral challenges, who are often “encouraged” to transfer to these other programs, do so, and find themselves in schools without services needed;
- The path for older students in transfer schools and other programs to update their IEP for necessary service delivery and/or to process their exit IEP, as required by law, remains merky if it exists at all;

Recommendation: Identify and create the processes needed to ensure that students in transfer schools and other programs have clear and identifiable access to IEP teams and/or the CSE teams as needed;

Recommendation: Just as other schools need professional development to support behavioral supports in the schools ensure that such opportunities are available for

the dedicated staff [persons in these other programs serving older students with mental, emotional and behavioral challenges.