

April 17, 2020

The Honorable Bill de Blasio
Mayor of the City of New York
City Hall
New York, NY 10007

Re: Funding for Students with Significant Mental Health Needs

Dear Mayor de Blasio,

We are writing on behalf of a broad group of organizations concerned about the physical, mental, and economic toll COVID-19 is taking on our communities – including our students, educators, families, and schools – during this unprecedented public health crisis. We recognize that the traumatizing impact on our students may be long lasting and all students, particularly those who had significant mental health challenges pre-dating the pandemic, will require mental health supports and services upon return to school sometime next year. We also recognize that difficult budgetary decisions will need to be made that continue to prioritize funding a public health response to the virus. In the context of these realities, it is imperative that your administration prioritizes and adequately funds necessary mental health services for all students, with allocations specifically for students with significant mental health needs.

We urge you to take a necessary next step in your administration's increased efforts to develop and support innovative programs that serve individuals with the highest mental health needs by launching a program targeted to students with significant mental health needs who require a higher level of integrated services to succeed in school. The need pre-dates the current crisis: each year, thousands of students with significant emotional and behavioral challenges are removed from class – and sometimes even handcuffed – by NYPD officers and taken away from school by Emergency Medical Services (EMS) when medically unnecessary. Given the trauma and dislocation caused by the pandemic, we anticipate that the need for an integrated system of intensive supports and services will grow significantly when students return to school. That is why we urge you to **include and baseline \$15 million in the FY 2021 budget to launch and sustain a Mental Health Continuum to support the significant behavioral health needs of students in designated neighborhoods in high-need schools.**

We appreciate your administration's investment in several mental health initiatives and other school climate reforms over the past few years. However, these separate initiatives do not provide schools and students with the continuum of integrated and intensive services to meet the needs of students with significant mental health challenges. Many of the City's initiatives focus on training school staff to build awareness about student mental health and creating linkages with community providers. Other City initiatives, including the recently created team of 76 School Response Clinicians working with 300 schools, provide much needed support, but not what students with the highest need require. For example, these mental health programs do not provide direct, ongoing support to students in school, in that, for example, the School Response Clinician program limits support to six weeks of counseling; do not necessarily provide for immediate response to students in emotional crisis, in that an in-person response may occur the day after the crisis is over; do not prevent police intervention, in that NYPD officers continue to

be first responders; do not prevent unwarranted EMS calls, in that EMS continues to transport students to hospital psychiatric emergency rooms when medically unnecessary; and do not provide a centralized system for clinicians to advise school staff how to respond to students in crisis, assess students to determine the appropriate level of care, and train and coach school staff in an evidence-based approach to prevent behavioral incidents from occurring and escalating.

City data and our collective experience working with families demonstrate that significant gaps in services for students with serious mental health challenges remain. In the 2018-2019 school year, the NYPD reported intervening in 3,547 incidents involving students in emotional distress sent to the hospital for psychiatric evaluation (“child in crisis” interventions). This number remained unchanged from the prior school year after a 31% increase from 2,702 in the 2016-2017 school year. With respect to the data available this school year before school closures, the number of child in crisis interventions declined by 7.5% from fall (July to December) 2018, but represented a 45% increase from fall 2016. NYPD officers continued to disproportionately intervene when students in crisis are Black or Latinx students: in fall 2019, 88% of child in crisis interventions involved Black or Latinx students. In addition, city data shows racial disparities in the NYPD’s continued use of handcuffs on students in emotional distress: in fall 2019, 93% of those handcuffed were Black or Latinx, including a 5-year-old. This data indicates that certain high-need neighborhoods and schools desperately require strategic investments in a systemic public health response, as illustrated by the map enclosed.

Year after year, we hear from parents who describe disturbing stories: school staff unable to manage the challenging behavior of their children who, instead, remove students from class, isolate students, call parents to pick up their children early from school, threaten to call or actually call EMS to take their children to the hospital emergency room, and suspend children from school, while NYPD officers restrain, handcuff, and arrest children with unserved or underserved behavioral needs. For example, this school year, the parent of a 1st grade student reported that the school repeatedly removed her child from class and threatened to call EMS whenever unable to manage his challenging behaviors. While this school has a social worker, it lacks access to a coordinated team with the training, expertise, and resources to assess and support this student in school. In another case in February, the parent of a high school student with significant mental health needs reported that an NYPD officer stopped her child in the school hallway, refused to let her pass, physically restrained her, and then handcuffed her after she landed on the floor. EMS transported the student to the hospital where she was diagnosed with a concussion and released. The school then suspended her based on this interaction. The parent had requested behavioral supports for her child the prior school year, but the student received only an Individualized Education Program (IEP) mandating counseling.

Given this significant service gap for students with high mental health or behavior-related needs, a comprehensive, innovative, trauma-sensitive approach is necessary when they return to school. A **Mental Health Continuum** will fill this critical gap. The model includes a team of clinicians working systematically with students and school staff to determine the appropriate level of care; coordinate with schools to respond to students in crisis while working to enhance each school’s capacity to respond to the mental health needs of its students; provide direct, ongoing mental health support to students in school, as well as to families at home when needed; and help schools move to a public health rather than a law enforcement model to support an environment that fosters long-term behavioral change.

The Mayor's Leadership Team on School Climate – a diverse group of stakeholders from the Mayor's office, city agencies, unions, medical providers, research organizations, schools, and communities – developed this model in 2016¹, and urged the city to adopt it. Last year the City Council² and other advocacy groups³ recommended this Mental Health Continuum model to fill this gap in designated high-needs schools to help ensure that students with the most significant mental health needs have access to direct mental health services in school from experienced clinicians in a timely manner so they can remain in school supported and learning.

We urge the City to include and baseline \$15 million in the FY 2021 budget to launch and sustain a Mental Health Continuum in two designated neighborhoods with high-need schools, including school partnerships with hospital-based mental health clinics; call-in centers to advise school staff about students in crisis; clinician response teams who respond during crises in schools; student assessments to determine the appropriate level of care needed; direct, ongoing mental health services for students, including intensive in-home individual and family behavioral supports when necessary; School-Based Mental Health Clinicians; and whole-school training in Collaborative Problem Solving, an evidence-based, skill-building approach to changing the most challenging behavior.

Without new and integrated investments in mental health (whether through savings and efficiencies or additional funding), some high-need schools will continue to rely on law enforcement, exclusion from school, lost instruction time, and punishment when a non-police, public health response to students facing mental health crises will be critically needed. **It is more dire than ever for the City to make this strategic investment.**

We stand ready to work with you to advance this critical budget priority and would be happy to meet with you virtually to discuss it. For follow up, please contact Dawn Yuster, Director of the School Justice Project at Advocates for Children of New York, at dyuster@advocatesforchildren.org or (718) 813-7389.

Sincerely,

Advocates for Children of New York
Brooklyn Defender Services

¹ The Mayor's Leadership Team on School Climate and Discipline, *Maintaining the Momentum: A Plan for Safety and Fairness In Schools, Phase Two Recommendations*, 8, 21-25, (July 2016),

http://www1.nyc.gov/assets/sclt/downloads/pdf/SCLT_Report_7-21-16.pdf.

² The New York City Council's Response to the Fiscal Year 2020 Preliminary Budget and Fiscal Year 2019 Preliminary Management Report, 34, (April 9, 2019), https://council.nyc.gov/budget/wp-content/uploads/sites/54/2019/04/Fiscal-2020-Preliminary-Budget-Response_FINAL.pdf.

³ New York Immigration Coalition, *Just and Equitable Behavioral Health for Immigrant New Yorkers: A Policy Agenda*, 6, 22, 26, & 46, (Dec. 2019), <https://www.nyc.org/our-work/health/behavioral-health/>; Citizens' Committee for Children of New York, Testimony Before the New York City Council Committee on Finance, Fiscal Year 2020 Executive Budget, 8, (May 23, 2019), <https://www.cccnewyork.org/wp-content/uploads/2019/05/CCCTestimony.exec2020.pdf>; Advocates for Children of New York, *Children in Crisis: Police Response to Students in Emotional Distress*, 9-10, (Nov. 2017), <https://www.advocatesforchildren.org/node/1183>.

Brooklyn Justice Initiatives
Center for Court Alternatives
Center for Popular Democracy
Center for Independence of the Disabled, NY (CIDNY) - Queens
Children's Defense Fund-NY
Citizens' Committee for Children
Citywide Council for District 75
Dignity in Schools Campaign (DSC) - NY
Educators for Excellence
Exalt Youth
Girls for Gender Equity
HERE to HERE
INCLUDEnyc
IntegrateNYC
JustLeadershipUSA
Law Office of Michelle Siegel
Law Office of Scott M. Cohen, PLLC
Law Offices of Nancy Rothenberg, PLLC (Nancy Rothenberg, Esq., Kristan Connolly, Esq., and Naomi Abraham, Esq.)
Michael Gilberg, Esq.
Miriam Nunberg, Esq.
Mobilization for Justice
New York Immigration Coalition
New York Law School Legal Services, Inc.
New York Civil Liberties Union
New York Lawyers for the Public Interest (NYLPI)
New York Legal Assistance Group (NYLAG)
Organizing For Equity, NY
Parents for Inclusive Education
Partners for Dignity & Rights
Police Reform Organizing Project (PROP)
Rockaway Youth Task Force
Sistas & Brothas United-Northwest Bronx Community and Clergy Coalition
Spencer Walsh Law, PLLC
The Law Offices of Lloyd Donders
The Legal Aid Society
United We Stand of NY
Urban Youth Collaborative
YA-YA Network
Youth Represent

Enc.

Estimated child in crisis intervention rate, by police precinct (2018-19 school year)

In 2018-19, the NYPD intervened in 3,544 incidents involving students in emotional distress sent to the hospital for psychiatric evaluation. Shading indicates the number of interventions reported in each precinct, relative to the total enrollment of schools located in the precinct. City Council district boundaries overlaid in white.

-  one intervention for every 110-199 students
-  one intervention for every 200-299 students
-  one intervention for every 300-499 students
-  one intervention for every 500-699 students
-  one intervention for every 700-1,270 students

