INTRODUCTION
Chairperson Koppell, Chairperson Jackson, distinguished members of the Committees, thank you for affording us the opportunity to testify before you today on the Oversight of School-Based Mental Health Services. My name is Heather R. Mermel, and I am the Director of City and Federal Policy and Advocacy of The Coalition of Behavioral Health Agencies (The Coalition).

PREVALENCE OF MENTAL HEALTH DISORDERS AMONG CHILDREN AND ADOLESCENTS
In 2010, 1 in 5 children in the United States had a mental health disorder, most commonly attention deficit hyperactivity disorder (ADHD)\(^1\). Some other common mental health problems were behavior disorders, anxiety and depression\(^2\). Symptoms of anxiety disorders can emerge as early as 6 years old, behavioral disorders by 11 years old, mood disorders by 13 years old and substance use disorders by age 15\(^3\). Data from the 2009 National Youth Risk Behavior Survey (NYRBS) found that 13.8% of students had seriously considered attempting suicide and 6.3% of students had attempted suicide one or more times during the 12 months before the survey\(^4\). Research has clearly shown that a substantial number of children and adolescents suffer from serious emotional and/or behavioral problems.

NEED FOR SCHOOL-BASED MENTAL HEALTH SERVICES
Mental health is a critical component of children’s learning. Undiagnosed and untreated mental health problems can disrupt daily life at school, result in school failure and lead to long-term...
adult mental health problems. Unfortunately, the majority of children and adolescents who have a mental health disorder do not receive treatment. Only 32.2% of children with anxiety disorders and 37.7% of youth with depression receive treatment for their disorder.

Furthermore, untreated mental health issues, that would have been responsive to early intervention, end up requiring a more intensive intervention or lead to life-long problems. Many of the NYC public schools do not have the resources, both financial and staff, necessary to address the mental health needs of their students. Due to the lack of mental health services, schools call 911 to deal with children who exhibit emotional and/or behavioral disorders. This results in the inappropriate use of hospital emergency rooms to evaluate “low risk” children and re-traumatizing them.

CURRENT SCHOOL-BASED MENTAL HEALTH SERVICES IN NYC PUBLIC SCHOOLS
Currently, only a small percentage of NYC Public Schools have school-based mental health programs. As of January 4, 2012 the NYC Department of Education reported that mental health programs were located in only 260 out of the 1,700 NYC public schools.

School-based mental health programs offer a full range of comprehensive mental health services to children, families and school DOE staff. For example, school-based mental health programs provide assessments and evaluations, individual, group and family therapy/sessions, service coordination, case management, crisis intervention, classroom observation, participation in school based committee or interdisciplinary team meetings, consultation with teachers, trainings to school staff and parent outreach and workshops.

FINANCING OF SCHOOL-BASED MENTAL HEALTH SERVICES
The majority of school-based mental health programs operate with a deficit. This is due to many factors. For example, many of the services are inadequately or not reimbursed by health insurance, including Medicaid (e.g. crisis services for children who are not already admitted to the clinic, consultation with teachers on children who mental health clinics have not yet received parental consent to treat, parent outreach, workshops/trainings for school staff, case management and referrals). Some mental health programs have difficulty collecting health insurance information and collecting reimbursement. The Department of Education has instituted a policy that prohibits school-based mental health programs from collecting co-payments and obtaining reimbursement on school property. As a result, programs absorb the cost of providing mental health services not only to children who are uninsured but also to those who have health insurance through companies that are not in contract with the service provider. School-based mental health services cannot be supported solely on fee-for-service Medicaid. Because of the inadequate financing, some school-based mental health programs have had to close.
BENEFITS OF SCHOOL-BASED MENTAL HEALTH SERVICES
Since children spend most of their day at school, school-based mental health services are an excellent opportunity for early intervention with children and families. Furthermore, they provide services where and when children need them in familiar settings and in a consistent basis. These services are a cost-effective way to provide the proper level of care to children where they spend most of their day. In addition, they provide services to those children whose parents may not be able to bring them for traditional outpatient clinic services. School-based mental health services can have a beneficial impact on academic performance, classroom order, and attendance and suspension rates. Furthermore, studies have shown that early diagnosis and treatment can decrease the burden of mental health disorders later on in life.

RECOMMENDATIONS
School-based mental health services are a promising approach for children who exhibit emotional and behavioral problems. The Coalition recommends the following:

- The expansion of mental health services through improved funding (e.g. combination of fee-for-service Medicaid and tax-levy or grant dollars);
- The Administration and City Council designate dollars for school-based mental health services;
- Employ training initiatives and demonstration projects to support the implementation of evidence-based practices;
- Provide funding for wellness initiatives that support the integration of health and mental health. There are unexplored connections in service delivery between health, nutrition, ADHD and classroom performance;
- Provide a comprehensive training for all DOE principals and school staff on the following: (1) how to recognize the signs of those children who are suffering with mental health and behavioral problems, (2) how to handle students with social and emotional issues, (3) the importance and benefits of school-based mental health services, (4) the scope of school-based mental health programs, and (5) the roles and responsibilities of the mental health clinicians in the schools;
- Promote a policy that would deter schools from the regular use of emergency services for psychiatric or behavioral crises;
- Remove the barriers for re-entry to the school, uniformly across all schools, for children who have gone to the Emergency Department for psychiatric or behavioral crises (e.g. the requirement that children receive a psychiatric evaluation in order to return to school);
• Educate the DOE administration and faculty about the stigma associated with receiving mental health services; which is one of the biggest barriers programs face in getting parental permission to provide services. For example, improve communication and education to parents on the signs of mental illness and benefits of receiving mental health treatment;

• The New York City Department of Health and Mental Hygiene (DOHMH), Department of Education (DOE) and the New York State Office of Mental Health (OMH) must work together in a formal way to address current issues and come up with recommendations on the following:
  o review the regulatory and financial barriers to providing mental health services in school settings and make the necessary changes that will improve the delivery of services (e.g. definition of “after hours” for school-based services in OMH Part 599 regulations, barriers to obtaining health insurance information and collecting reimbursement, adequate reimbursement rates)
  o Improve the assessment tools DOE staff use for high risk situations
  o Improve the collaboration between school DOE staff and clinicians and the coordination of services (e.g. when and how many times during a day or week the child is pulled out of the classroom for specialized and/or mental health services);

• The New York City Department of Education should institute a policy regarding the use of school space after hours so that mental health services can be offered to children and families in the hours that work best (e.g. early evening, especially for working parents);

• The New York City Department of Education should rescind its policy that imposes a fee for mental health providers to use the space after hours and on the weekends;

• The New York City Department of Education should allocate funding to pay for school-based mental health services when insurance reimbursement is either inadequate or unavailable;

• Knowing that changes are coming in the delivery of services for children with IEP’s, it is critical that mental health services be included in the new plan;

• The City and State should allocate dollars to pay for the services and interventions that school based mental health programs provide that are inadequately reimbursed or not reimbursable.

CONCLUSION
On behalf of the 120 community-based behavioral health agencies that we represent throughout New York City and beyond, The Coalition respectfully urges the Council to help ensure that mental health services are available to every New York City public school student.
About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York’s behavioral health providers, representing over 120 non-profit behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City, Westchester County and surrounding areas.

Founded in 1972, the mission of the Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including the fragile elderly, people who are homeless, those who struggle with AIDS and other co-morbid health conditions, violence and other special needs. Coalition members help people with mental illness and addiction disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.


