

**Testimony of Office of School Health Jointly with NYC Department of Health & Mental Hygiene and NYC Public Schools
Before the NYC Council Committee on Mental Health, Disabilities, and Addiction**

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Testimony of Dr. Erica Lynne Smith, Director of School Mental Health

Good morning Chair Lee, and members of the Committee on Mental Health, Disabilities, and Addiction. My name is Dr. Erica Lynne Smith, and I am the Director of the School Mental Health (SMH) program, within the Office of School Health (OSH), a joint office in New York City Public Schools and the Department of Health and Mental Hygiene (The Health Department). Thank you for the opportunity to discuss Intros. 986, 989, and 996 regarding supports around student wellness. I am joined today by Marnie Davidoff, Assistant Commissioner for the Bureau of Children, Youth, and Families (CYF) at the Health Department, and Beverly Logan, Executive Director of Counseling Supports and Amallia Orman, Director of Student Voice from the Office of Safety and Youth Development at NYC Public Schools. I am also joined by my colleague Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the Health Department, who will be addressing Introduction 1103 in her testimony. We greatly appreciate your continued partnership in supporting our students, families, and schools.

Before I discuss the proposed legislation, I want to provide a landscape of what school mental health programming looks like today across NYC Public Schools.

The Office of School Health’s School Mental Health Program (SMH) works with schools in a variety of ways. We partner with multiple offices at NYCPS at the local, district and central level and share our mental health expertise to design and implement services that meet the unique needs of each school. Complementing the work that NYCPS has done with over 5,000 school social workers, SMH works with external partners to bring clinical mental health to schools. We work directly with 548 schools and oversee any mental health provider delivering services onsite. We oversee the contracting, operations, and delivery of mental health services. We assist providers and schools in translating policies that impact delivery of mental health services including fiscal sustainability of partnerships. We are involved in the establishment and licensure process for Article 31 clinics in partnership with our Children, Youth and Family colleagues in Mental Hygiene and our NY state partners in the Office of Mental Health. There are over 200 Article 31 clinics serving over 150,000 students with more pending approval. Once approved these clinics will serve thousands of additional students.

Services are offered through Article 31 clinics or community-based organizations (CBOs) that employ mental health professionals licensed to address treatment and supportive needs. Clinics provide traditional outpatient mental health services in schools. These clinics provide treatment from Licensed Mental Health Professionals and provide a range of individual, group and family treatment interventions. Services are provided to address different needs across three tiers of services: Targeted, Selective, and universal services.

1. Targeted services meet the needs of students that have a diagnosable mental health disorder that require intensive and specialized interventions and supports.
2. Selective services are intended for students that may be presenting or at-risk of developing symptoms associated with a mental health diagnosis. Many of them are preventive and reduce the risk of the development of a diagnosable mental health disorder. These services can be provided alone or function as a support to other interventions. These services can include learning how to regulate emotions or supportive counseling.
3. Universal services are more generalized, are provided school-wide, and can include services like presentations, and professional development for teachers.

Providing mental health services in schools presents both challenges and opportunities. SMH emphasizes the need for a comprehensive approach that includes all three service tiers to best support students' mental health.

As I mentioned earlier, we work hand in hand with the Health Department's Division of Mental Hygiene's Bureau of Children, Youth and Families and the NYCPS Office of Safety and Youth Development. CYF and OSH collaborate closely on the process involved in opening a licensed mental health clinic in a school. Providers seeking State licensure to open a school-based clinic require a letter of support from the local government. While CYF reviews the provider's application, OSH assesses the school's need and readiness for a satellite clinic and provides implementation support in the delivery of onsite services. We also partner with the Office of Safety and Youth Development (OSYD) in an advisory capacity and assist in furthering their work in the areas of crisis prevention and intervention and suicide prevention. In the schools we work in we partner with all NYCPS supportive staff including school social workers and guidance counselors.

I will now turn to each of the bills, except Int. 1103 which Jamie will address.

Overall, we appreciate the Council's interest in the topic of wellness and the value of bringing student voice to the conversation. We look forward to having further discussions on how to best accomplish this goal.

Intro 989 would require the Health Department to create a student wellness club toolkit and make it available to NYC Public Schools middle and high schools. The Health Department is already

tasked with creating materials for the public. We can advise on content for the development of a toolkit and we look forward to having a conversation with Council on how to best accomplish this goal. NYCPS could distribute the toolkit as they see fit for their school communities.

Introduction 986 proposes a pilot program to involve mental health professionals in student wellness clubs in middle and high schools.

The Health Department provides oversight and expertise in clinical mental health supports in schools so we can speak to the clinical workforce aspect of the bill. Relying on a volunteer workforce to fulfill a mandate could pose significant challenges to implementation, and raises issues related to safety and fair compensation. Student clubs are organized on a school-by-school basis and reflect the unique interests of the student body and staff capacity to organize and oversee these activities. However, OSH has begun conversation with organizations that run student wellness clubs with a mental health focus. These organizations are currently going through our standard processes to ensure student safety and privacy. These are evidence-based models that assist schools and students in establishing clubs that promote education and destigmatization of mental health topics in a manner appropriate to students. We are at the beginning stages of small pilots to understand how these models work in NYCPS. We look forward to sharing the outcomes of these pilots at a later time.

I will now speak to Introduction 996, which would require the Health Department to develop and offer a peer-to-peer mental health training program in schools, and NYC Public Schools to distribute information to students on such program. Peer support programs should complement rather than substitute for clinical services provided by trained mental health professionals. The Health Department understands the value of peer support programs for youth mental health as part of a comprehensive approach. NYCPS is seeing excitement from students who want to do the work, because they understand the importance of their own mental health and engaging with fellow students. The 2023-24 Chancellor's Student Advisory Committee (CSAC) in partnership with NYCPS staff, recommend the development of peer-to-peer programs facilitated by a School Counselor or mental health professional. We look forward to speaking with Council to determine ways forward for student proposals like this to come to fruition, ways to support promising peer-to-peer programs currently in pilot phase, through processes in which students feel seen and heard.

The Office of School Health, the Health Department, and NYC Public Schools are committed to supporting the mental health and well-being of our students. Thank you for the opportunity to testify today. We look forward to collaborating with the Council and NYC Public Schools to strengthen youth mental health initiatives. I am happy to answer any questions.