



**Testimony of Oroma H. Reynolds, Esq.
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**Before the New York State Legislature
Committee on Education**

**Joint Legislative Public Hearing on 2013-2014 Executive Budget Proposal
Topic: Elementary and Secondary Education
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Good afternoon, Chairman Flanagan and distinguished members of the New York State Legislature. Thank you for the opportunity to testify at this joint hearing on the Executive Budget Proposal. My name is Oroma Reynolds, and it is my privilege to present this testimony on behalf of Legal Services NYC, the nation's largest provider of free civil legal services for low-income individuals and families. My practice area focuses on the education rights of children with special needs in the Bronx. Since 2008, I have been representing students and their parents in obtaining appropriate educational services from the New York City Department of Education—services to which my clients are entitled under federal and state laws.

Legal Services NYC strongly supports §16 of the Executive Budget Proposal, found on pages 28 through 30. This section of the budget allows for competitive grants up to \$500,000 per school site to transform school buildings into community hubs, where students and families can access much needed medical, mental health, social services and legal services. We are glad that the Executive Budget recognizes the need to make such services readily available within the school setting.

We urge the State Council on Children and Families to prioritize school districts with the highest demonstrated need for school-based mental health services. The issue of mental health is of particular interest to our organization as many of the students we serve have significant trauma histories and exhibit disruptive behaviors in schools. Through our collaborations with community mental health providers, we have come to understand that children exhibiting disruptive behavior often have unmet mental health needs, which are best addressed through culturally competent, family-centered interventions. The range of school-based mental health services should be enhanced to include more school-based mental health clinics and mobile crisis teams, as well as partnerships between schools and neighborhood mental health providers.

The need for mental health services is urgent in many NYC schools. Legal Services NYC obtained data from the Fire Department of New York (FDNY) for the six year period from 2005-2010 documenting over 20,000 Emergency Medical Services (EMS) calls made by New York City schools due to an “emotional disturbed person” (EDP).¹ More recently, for the 2011-2012 academic year, the NYC public schools made more than 3,600 calls to EMS for incidents related to a child’s behavior rather than for actual medical emergencies. This averages approximately 20 EMS calls per school day for misbehaving students.²

¹ Fire Department of New York (January 11, 2013). Response to freedom of information law (FOIL) request.

² NYC DOE. (June 14, 2012). Responses to Questions Raised Following Joint Oversight Hearing of New York City Council Held on May 1, 2012.

The inappropriate use of EMS runs counter to the interests of school districts in promoting education and reducing harm. Students with acting out behaviors may be exhibiting the impact of poverty-related trauma in their lives.³ Superstorm Sandy and the Sandy Hook Elementary School massacre are examples of trauma-inducing incidents. When schools are not equipped with adequate mental health supports within the building, removing the troubled child through EMS might appear to be the only recourse to stabilize the learning environment for the other students. However, the misuse of EMS leads to further traumatization of the troubled child, who then loses much needed instructional time when he or she is rushed to the psychiatric emergency room. While waiting at the hospital, it is highly unlikely that the child will be admitted for treatment or effectively connected to outpatient mental health services. In a survey conducted by the co-chair of the New York City School Based Mental Health Committee, it was determined that, at one hospital, only 3% of students removed from schools by EMS were admitted.⁴ The presence of on-site mental health services would significantly increase the likelihood that a student will follow through with a referral for therapy or counseling.

The practice of removing misbehaving students by EMS is a costly waste of EMS and hospital resources. City emergency services, already overburdened, are dealing with an average daily influx of 20 extra students – costing hundreds of hours per day of EMS labor citywide. This translates into millions of dollars in annual financial costs to taxpayers, hospitals, insurance providers, and families, depending on the insurance status of the students and their parents' employment conditions. It is much more cost-efficient to spare an extra staff member to defuse an escalating situation and help a child calm down. We applaud the Executive Budget's attention to the important issue of co-located and school-linked health and mental health services as an important first step towards addressing a serious issue confronting many schools in the poorest communities of the State. Thank you again for the opportunity to testify on behalf of Legal Services NYC.

³ Department of Health and Mental Hygiene. (2002-2003). Survey of Pediatric Mental Health Services and Capacity in New York City.

⁴ Charles Soule, Ph.D., NYC School-Based Mental Health Committee, *Child & Adolescent Access to Emergent Psychiatric Care through School Referral* (undated).