Reduce Referrals to Special Education by Treating Children's Mental Health Needs in Schools







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#### **Executive Summary**

The Children's Aid Society believes that innovative funding models should be used to train faculty and to provide school-based mental health services to the more than 90,000 children in New York State who suffer from serious mental illness but do not receive treatment. To treat these children's often disruptive, threatening, aggressive and suicidal behaviors, we recommend: (1) Using special education funding and partnering with private organizations to establish school-based mental health and family support service teams in all elementary and middle schools, and (2) Employing service teams to assess all special education referrals for possible mental health treatment before referring children with behavior problems for special education placement.

amon<sup>ii</sup> is an 8-year-old boy whose behavior in a New York City public school included aggressive outbursts, hyperactivity, and throwing furniture. Referred

by his teacher to Children's Aid Society's on-site school-based social worker, Ramon successfully engaged with his therapist and, upon evaluation by a Children's Aid psychiatrist, was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and depression. Ramon's behavior has improved with the help of medications that allow him to better manage his symptoms. His teacher reports

that he is beginning to focus on his schoolwork and has a more positive outlook during the day. In her joint sessions with Ramon, his mother has reported to the social worker that there is less conflict and tension at home as well. Without this on-site mental health intervention, Ramon might have been suspended, and would very likely have been tracked into a restrictive special education program at the additional annual cost of \$24,230 to the New

York City taxpayers.

Nearly 367,000 children in New York State suffer from serious mental illness and more than 90,000 of these children do not receive mental health treatment services. As the demand for children's mental health services in New York City increases, the number of available programs remains static. Increasing numbers of students in our schools

have disruptive, threatening, aggressive, and suicidal behaviors that schools are not equipped to handle. In addition, many community-based mental health clinics are closing due to an inadequate reimbursement system. Faced with a shortage of resources, schools increasingly

Twenty-five percent of children with serious mental illness in New York State do not receive mental health services.

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call 911 when children act out, transporting those with behavioral disorders to hospital emergency rooms.<sup>vii</sup>

School-based mental health programs have always been an integral part of The Children's Aid Society's full-service Community Schools model. The programs are fully integrated into the schools and children benefit from these services free of stigma. Children's Aid strongly believes in the value of school-based mental health services. Through the use of innovative funding, we provide such services in all city schools and train faculty and staff to ensure that they are fully utilized.

## Provide Mental Health Services in All City Schools

The New York City Department of Education (DoE) recently released a report by the Harvard Graduate School of Education that measured efforts to revamp city special education instruction and address mental health needs.viii This report recommended that when screening for special education services, the department should first screen children with challenging behaviors for underlying mental health issues. Such screening could remediate situational behavior problems, thus diverting children from long-term tracking in special education.

School report card data from the five longest-term Children's Aid Society community schools with mental health services, located in Washington Heights, show that over a four-year period (2001-2004), rates of referrals to special education were 24.4 percent lower than at comparable schools with no on-site mental

health services. In addition, during this same period, the attendance rate at these five Children's Aid schools was 1.7 percent higher than at comparable city schools.

In 1984, the City's on-site mental health programs included 18 mental health providers based at 73 school sites, all with full-time staff. However in 2005, 21 years later, only 16 of the original 73 school-based programs are still in existence and only four have full-time staff.<sup>ix</sup> The Children's Aid data stands in sharp contrast to this trend.

#### **Children's Aid Recommends:**

- Using special education funding, the New York City Department of Education, in partnership with private organizations, should establish school-based mental health and family support service teams in all elementary and middle schools. These teams would provide triage assessments and immediate on-site support to prevent the further escalation of referrals to emergency rooms and the special education system.
- Service teams should assess all special education referrals for possible mental health treatment before referring behavior problem children for special education placement.
  Such teams can also handle child abuse and neglect referrals, enhancing our school system's child protection capacity.

## **Modify Financing to Fund School- Based Mental Health**

A new financing model should be created to develop and replicate on-site services to benefit

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calls to 911 and

all students, to augment special education and to offer other alternative assessments and interventions.

- City and State Departments of Health and Mental Health should expand Medicaid eligibility for behavioral health services in des
  - ignated school sites to include income-eligible children at risk for special education placement. Funding through the New York State Title V Maternal and Child Health block grant should also be utilized to its fullest extent.
- Where possible, local and state public funding should be redirected to provide a match for Medicaid funds. The DoE could fund this match with savings realized from the diversion of special needs children to mental health programs, rather than referral to special education.
- School-based student and family support programming should be expanded to private Article 28 and Article 31 licensed providers of school-based services. The Campaign for Fiscal Equity is another potential source of new funding for school-based mental health services, with up to \$50 million dollars already earmarked for non-instructional purposes.

#### **Train Teachers on Effective Use of Mental Health Services**

Over the past 10 years, mental health staff working with educators and administrators in Children's Aid community schools have found that using a common philosophical, profes-

> sional and procedural reduce referrals to special education.x

> The mental health assessment capacity of each school should be redesigned in response to the needs of the students and staff. Clearly articulated goals, services and procedures should be developed in collaboration with mental health staff, school faculty and administrators.

Faculty and administrators should receive additional training and be provided with non-clinical

supports to help manage students with behavioral problems, while concurrently training staff to identify the children with mental health problems.

Well-trained Pupil Personnel Teams should be a routine pre-referral resource for potential special education students with challenging behaviors, in line with the recommendations of the Hehir report.xi

## Reduce Referrals to Special Education by Treating Children's Mental Health Needs in Schools

Special education referrals might radically decrease if students received attention for their mental health needs from school-based mental health services. The adequate staffing and funding of school-based mental health services relieves the school system of inappropriate special education referrals by treating the cause of

behavior problems and provides much-needed care for the thousands of children suffering from untreated mental illness and depression. These comprehensive services are a long-term investment in the health of both our children and our communities.

#### The Children's Aid Society's Community Schools

The Children's Aid Society partners with the New York City Department of Education in 21 public schools called community schools, located in Manhattan, the Bronx and Staten Island. Children's Aid brings a host of needed services directly into the schools to help children learn. Children's Aid provides medical, dental and mental health services; social services; after-school, evening, weekend and summer hours; adult education and opportunities for expanded parental involvement to its schools, making the school the centerpiece of the community. Because students in Children's Aid community schools receive high quality services right in the schools, they arrive in classes ready to learn, and teachers feel freer to teach. Children's Aid community schools show better student and teacher attendance, less grade retention, better test scores and better parent involvement than similar schools.

#### **About Children's Aid**

For more than 150 years, The Children's Aid Society has been assisting New York City's children and their families without regard to race, religion, nationality or socio-economic status. Children's Aid helps children in every aspect of their lives from infancy through adolescence, providing guidance and resources to ensure a child's current well-being and future potential. With over 100 programs and more than 45 locations in New York that touch the lives of more than 150,000 children every year, Children's Aid is one of the country's largest and most innovative child and family social service agencies. Visit www.childrensaidsociety.org or contact policy@childrensaidsociety.org.

- i One in a series of policy papers by The Children's Aid Society, 105 E. 22nd St., New York, NY 10010, (212) 358-8930.
- ii In this actual anecdote, the child's name has been changed to protect his privacy.
- iii \$34,816 per special education student versus \$10,586 per general education student (2005) www.nycenet.edu
- iv Connect For Kids, Kyra Woudstra, January 2006.

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- v Children's Mental Health Needs Assessment, New York City Department of Health and Mental Hygiene in Collaboration with the Mailman School of Public Health at Columbia University, August, 2003.
- vi New York Nonprofit Press, "Clinics In Crisis-Funding Squeeze Threatens Closure," February 2005, Volume 4, Issue 2, page 10.
- vii The Bronx Collaborative for Children and Schools, The United Way of New York City (a survey of 5 out of 8 hospital emergency rooms in the Bronx in May 2004 estimated that 2,802 children were sent by schools annually to be evaluated by these emergency room staff).
- viii Harvard Graduate School of Education, T. Hehir, September 2005.
- ix Preserving School-Based Mental Health Programs: Critical Resources In Promoting Educational Achievement In New York City Public Schools, On-Site School Based Mental Health Steering Committee, Final Draft, October 2005.
- Promoting Effective Practices in School-Based Mental Health. The evaluation was done by Acknowledge, Inc, 2004 (A review of 2002-3 mental health records of 67 students who received services at CAS Community Schools I.S. 218 and I.S. 90 found that 25 percent of all issues identified in their treatment plans were resolved using mental health counseling during the school year.)
- xi T. Hehir, September 2005, supra.