## **Youth Mental Health Continuum - 2023**

## A Collaborative Prevention Model for High Risk Youth in NYC

Challenge: Even before the COVID-19 pandemic, we had a child mental health crisis, which has only been intensified by the pandemic. An alarming number of students are sent to local hospital emergency rooms, subjected to police intervention, or suspended from school for student behavior that can and should be effectively supported and addressed by schools. In the 2018-2019 school year alone, the NYPD reported 3,544 "child in crisis interventions" in which a student displayed signs of emotional distress, was removed from school by police, and was sent to a hospital for a psychological evaluation. Of these students, 47% were Black despite Black students accounting for only 25% of the total NYC public school population. Moreover, during these EMS transports, some students as young as 5 were handcuffed. During the first three quarters of the 2019-20 school year, the number of NYPD children in crisis interventions increased about 24% from the equivalent time in 2016-2017. Over 35% of students in emotional crisis handcuffed between July 2018 and March 2020 was a Black boy, even though Black boys compromised only 13% of enrollment and Black girls were handcuffed 2x the rate of white girls. This horrifying practice continues today: in fall 2021, between October 1 and December 31, the NYPD reported intervening in 653 instances of students in emotional crisis.

Police intervention, EMS transport, unnecessary hospitalization, classroom removal, and suspensions have a traumatic impact on students, families, and school staff. Furthermore, these responses do nothing to address the root causes of student behavior, reduce time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the criminal justice system.

<u>Solution</u>: The Mental Health Continuum – is a coordinated initiative operating in 50 NYC highneeds schools. This model is a collaboration between the NYC Department of Education (DOE), Health + Hospitals (H+H), Department of Health and Mental Hygiene (DOHMH), and advocates. It is designed to support students with behavioral and mental health needs by providing timely access to mental healthcare, building capacity of schools to meet the needs of students, and fostering culturally-responsive family engagement through integrated, tiered services that include:

- school partnerships with 5 hospital-based child and adolescent mental health clinics;
- NYC Well hotline to advise school staff with mental health inquiries;
- mental health professionals and family advocates who respond to students in crisis;
- added mental health clinicians in pediatric psychiatry outpatient clinics who provide services in clinics, dedicated mental health spaces in schools, or via telehealth;
- expedited access to evaluations and mental health services for students;
- School-Based Mental Health Managers; and
- school training in Collaborative Problem Solving, an evidence-based, skill-building approach to help staff better manage student behavior.

This model was recommended by the Mayor's Leadership Team on School Climate and Discipline, the City Council, over 200 Organizations, and the City Comptroller.

<u>Expected Outcomes</u>: This model is built to reduce the number of children in crisis, increase the number of children getting their mental health needs met by mental health professionals in a timely fashion, and move to a public health rather than law enforcement response. It is expected to help students access behavioral and mental health services so they can succeed in school and to divert them from punitive and exclusionary systems, such as EMS transport, unnecessary hospitalization, classroom removal, suspensions, and the criminal justice system.

Conclusion: Collaborative solutions developed by a diverse group of advocates, government officials, subject experts, and other community stakeholders can meet the needs of families under the right circumstances. This type of model can be developed by other regions of New York but identifying these types of solutions requires a planning process that centers the community in the process and then has access to funding to support and scale the initiatives. The Mental Health Continuum received funds in the NYC budget last year but planning that identifies solutions is only as strong as the access to resources. The Mental Health Continuum needs ongoing funds to meet the needs of our children and families, so we no longer respond to the mental health and wellbeing needs of our children with law enforcement or punitive, exclusionary discipline.

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https://www.advocatesforchildren.org/sites/default/files/library/police response students in crisis.pdf