



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
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Commissioner

Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health
Committee on Mental Health, Disabilities and Addiction
Committee on Hospitals
Committee on Education

On

Oversight: School-Based Health Centers and School-Based Mental Health Clinics

And

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Good afternoon, Chairs Schulman, Lee, Joseph, Narcisse and members of the Committees. I am Dr. Leslie Hayes, Deputy Commissioner for the Division of Family and Child Health at the New York City Department of Health and Mental Hygiene (Health Department). Thank you for the opportunity to testify today. I am pleased to be here with my colleagues to discuss the Health Department's role in establishing, supporting, and overseeing School Based Health Centers and Mental Health Clinics in New York City Schools. Earlier in my career I served as the Medical Director for a network of School Based Health Centers – I know these centers well and care deeply about their work. First, I want to explain the role of the Office of School Health (School Health) before I move into the subject of our hearing today.

The Office of School Health is a joint office between the NYC Health Department and NYC Public Schools. School Health works hard to promote the health of one million children in 2,000 public and non-public schools in New York City every day. Among other responsibilities, School Health supports School Based Health Centers and Mental Health Clinics by providing training and on-site technical assistance for operations, management, billing, and implementation of best practices. School Health ensures adherence to policies, including chronic illness care, communicable disease reporting, immunization compliance, and nursing coverage needs. School Health monitors all contracts and Memorandums of Understanding (MOUs). They also liaise with all providers, the State Department of Health, State Office of Mental Health, and School Construction Authority on initiation and oversight of new and current clinics. Now I will provide background on School Based Health Centers and Mental Health Clinics.

School Based Health Centers and Mental Health Clinics are two distinct entities, with different regulatory environments and operations. The Office of School Health provides programmatic oversight of both the School Based Health Centers and the Mental Health Clinics. The State Department of Health and Office of Mental Health regulates the clinical standards and licensure of these entities. They represent a unique collaboration between health care providers, schools, and both state and city government to support the health of young people in high need communities. Operations for these entities rely heavily on Medicaid reimbursement, as well as city tax levy, state funds, and philanthropic investment.

School Based Health Centers were established in New York State's public health law, Article 28, and are licensed by the State Department of Health. I will refer to these as Article 28 facilities moving forward. Article 28 facilities are located in school buildings and provide comprehensive medical care to students – including primary, preventative, acute, and chronic care. They also provide referrals as needed. Schools with Article 28 sites offer comprehensive health services. They are staffed by a multidisciplinary team of medical providers, medical assistants, social workers, mental health providers, and nurses. Many include health educators, and some facilities have part-time dental care providers. Insurance is billed as appropriate, but students are guaranteed care with no out-of-pocket costs regardless of their insurance status.

There are currently 138 Article 28 facilities in New York City that serve over 150,000 students across 333 public schools. Criteria for facility location prioritizes large schools with high Medicaid enrollment, high temporary housing status, high disease burden in the school community, and location in Taskforce on Racial Inclusion and Equity (TRIE) neighborhoods. The majority of current locations are in TRIE neighborhoods. Article 28 facilities play an essential role in increasing health care access for school-aged youth, which improves health outcomes, quality of life, and health equity. They are particularly powerful tools for improving access to reproductive

health care. Teens can access age-appropriate, confidential sexual and reproductive health services including onsite dispensing of contraceptives, and HIV and STI screening and treatment. Furthermore, we have found that students follow up more consistently with Article 28 referrals than community referrals, and students with access to Article 28 facilities often have higher immunization rates than students who do not.

These critical facilities face significant challenges in sustaining operations. We are all aware that the U.S. health care system inherently poses barriers to providing care to those who need it most. In Article 28 facilities, we see many of the same struggles seen throughout the health care system. The financial sustainability for Article 28 facilities is tenuous because of high start-up capital costs, recruitment challenges, low reimbursement rates and pending Medicaid changes. Article 28 facilities are primarily funded through Medicaid, and we have serious concerns about the State's plans to transition all School Based Health Centers into Medicaid Managed Care. This transition would mean losing millions in funding and significantly jeopardizing the future of Article 28 facilities. The Health Department, alongside advocates from across the state, has urged the State for years to permanently carve School Based Health Centers out of Medicaid Managed Care. The Governor has vetoed legislation that would accomplish this for the last three years. The state legislature continues to support School Based Health Centers and has introduced legislation for a permanent carve-out again this year. We urge the Council to join us in advocating for the safeguard of these critical resources.

I will now discuss School Based Mental Health Clinics. These facilities were established in New York State Mental Hygiene Law, Article 31, and are licensed by the State Office of Mental Health. I will refer to these as Article 31 facilities moving forward. Article 31 clinics are stand-alone mental health clinics in schools that offer mental health and treatment services. While Article 28 clinics may offer mental health services, Article 31 clinics exclusively offer mental health care. All schools have mental health services in some capacity to support the emotional wellbeing of children and families. Article 31 clinics are part of this universe of resources and are most appropriate for certain communities. These clinics provide individual, family, and group therapies; crisis and psychiatric assessments; and 24-hour crisis coverage for students. Article 31 clinics have highly trained mental health providers that serve as a resource for school staff and families, and supplement other NYC Public Schools supportive services. They are designed to have capacity to serve all students in the building who need services, which allows for no wait lists. They are primarily funded through Medicaid reimbursement.

There are 215 Article 31 clinics in New York City, serving over 191,000 students. Placement criteria prioritizes large schools with high Medicaid enrollment, high temporary housing status, high need based on social-emotional learning school screening results, and lack of community based mental health services. The majority are also located in TRIE neighborhoods. These clinics fill critical gaps in mental health care access. We find that students receive care faster at school-based clinics, and follow up more consistently with referrals to Article 31 clinics in schools than comparable clinics in the community.

Article 31 clinics require low capital costs to open, which is a major advantage. These are stand-alone mental health clinics, and do not require construction or medical equipment. The City's portfolio of Article 31 clinics is expanding – 10 new clinics were approved to open this school year, and 19 new clinics are in the approval process right now, including the clinics in the

Bronx and Brooklyn that were announced today. The City's Mental Health Plan calls for opening more Article 31 clinics where they are needed, and the Health Department is working tirelessly to do so. We look forward to working with the Council to continue this progress.

We are excited by the Governor's recent announcement to provide start-up funding for new Article 31 mental health clinics. The Health Department is already helping establish new clinics this school year with this funding and look forward to the release of more funds. Furthermore, we are pleased that the State has recently increased Medicaid reimbursement rates for school based, Article 31 clinics. We are encouraged by growing state support for these critical facilities. Long-term sustainability is dependent on the State maintaining and growing these investments over time. I will now speak to Introduction 341 of 2024, which would require the Office of School Health to collect and report the number of students with known diagnoses of Sickle Cell disease or trait. The Health Department supports the intent of this legislation; however, we would like to work with the Council regarding some of the technical challenges that we have identified.

Thank you for the opportunity to testify today. I look forward to answering your questions.