

Campaign for Effective Behavioral Health Supports for Students

Mission Statement

The campaign seeks to significantly reduce the current practice of sending students with disruptive behaviors or unmet social emotional needs to the emergency room via emergency medical services (EMS). The campaign is comprised of advocacy, social service and community-based organizations that support increasing student access to mental health services, improving staff training and creating systemic policies to diminish the need for the use of EMS services.

Background

Over the past ten years, advocates and mental health providers have seen an alarming increase in the number of students being sent to local hospital emergency rooms via emergency medical services (EMS) for either disruptive behaviors or unmet social emotional needs.

According to preliminary figures, a total of 13,967 EMS calls were made by NYC schools during the 2010-2011 school year. Of these calls, 26% or 3,630 calls were for disruptive related behaviors. This past school year (2012-2013), over 3,800 similar calls were made to EMS. From 2005 to 2010 over 17,000 EMS calls originated from school addresses related to an incident involving a disruptive person.

Often public schools in high need communities do not have viable options or the resources to respond to youth in crisis during the school day. When a student has a serious behavioral outburst or experiences a crisis, school administrators have limited training to respond to such situations. Schools need options that reduce trauma and bring the family or support network into behavioral health treatment. Many of the schools with the high rates of EMS usage serve student populations with significant socio-economic needs.

Recommendations

Sending students to the emergency room via 911/EMS imposes a significant cost to our communities. The average cost for the EMS transport and the emergency room visit is approximately \$2000. Parents are left with these significant medical bills which they or their insurance carriers are required to pay. In those circumstances where the parent is unable to pay the EMS related bills, these costs are passed on to all taxpayers.

Rather, the state, the city, the Dept. of Health and Mental Hygiene and the Dept. of Education should redirect resources to the following services and policies that will reduce the need of schools to use EMS and positively address disruptive student behaviors in schools:

1. Policies and Protocols:
 - a. Require all school districts annually disclose detailed data on the usage by individual schools of EMS and mental health referrals. Disclosure of EMS and mental health referral data will allow for policy makers to better identify and direct services to schools with the greatest needs.

- b. Mandate protocols and standard operating procedures for the use of EMS by school officials. NYC Department of Education should adopt new Chancellor’s Regulations outlining the policy and procedure for a school referral to EMS. School officials should have more detailed guidance on when situations warrant referral to EMS.
 - c. Adopt positive school climate approaches. The school culture can impact a student’s behavior. Positive school climate approaches such as restorative practices and positive behavioral interventions and supports (PBIS) will allow schools to develop an environment that enhances and builds relationships between students, staff and parents, improves student behavior, reduces violence and bullying and creates a sense of community.
2. Development and Training
- a. Mandate training and professional development for school personnel in de-escalation techniques and best practices for working with disruptive students. With proper training, seriously disruptive behaviors can be appropriately addressed at the school level.
 - b. Create school based de-escalation teams. Key school personnel with specialized training will be responsible for responding to school based crisis situations. Schools with the highest needs based on disciplinary data will hire a social worker with clinical experience to lead the de-escalation team.
 - c. Schools should develop behavior plans for all students (especially students with disabilities) who exhibit behaviors that interfere with learning. School districts must ensure the school-based support team (SBST) or the committee on special education (CSE) is recommending appropriate accommodations, interventions and services for those students with a disability who are presenting with significant behavioral difficulties.
3. Enhance School-Based Mental Health Services
- a. Increase access to mental health services in schools for students who have social emotional needs through more comprehensive onsite services including both stand – alone school based mental health (SBMH) clinics and school based health clinics (SBHC) with mental health services. Often children who present with disruptive behavior have unmet mental health needs that research demonstrates are best addressed through school-based mental health services.
 - b. Support innovative and cost-effective mobile models to spread resources to schools without school based clinics (e.g. NYC DOE Mobile Response Team model and expansion of existing hospital-based mobile crisis teams).
 - c. Develop school-linked programs to facilitate rapid referral of students in crisis into community mental health clinics.

Mission Statement Endorsed by:

Advocates for Children of New York; ARISE Coalition; Brooklyn Defender Services; Citizens' Committee for Children of New York; Center for Independence of the Disabled, NY; The Coalition of Behavioral Health Agencies; Comunilife, Inc.; Legal Aid Society; Legal Services NYC (Bronx Legal Services, Queens Legal Services, Brooklyn Legal Services, Manhattan Legal Services); Mental Health Association of New York City, Inc.; New York Civil Liberties Union, New York Lawyers for the Public Interest; NYC School-Based Mental Health Committee; Parent Action Committee (PAC) of New Settlement Apartments.