

Public Comments of the  
Children's Defense Fund – New York

# New York City Community Schools Concept Paper

New York City Community Schools  
Advisory Board  
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## Public Comments

Submitted by: Children's Defense Fund – New York

The Children's Defense Fund – New York (CDF-NY) appreciates the opportunity to submit public comments on the recently released Community Schools Concept Paper.

We strongly support the expansion of the community schools model and applaud the Mayor's office for proposing concrete policies to develop a holistic set of services aimed at promoting students' wellness. The ideas put forth in the concept paper establish a solid foundation upon which schools can mature into crucial service access points for high need student populations and communities.

CDF-NY believes that all schools should be able to deliver a level of health care services that enables the school to:

- Manage those health conditions that must be addressed to facilitate the optimal personal learning environment for students and;
- Manage those health conditions that are detrimental to creating a foundation for lifelong wellness, particularly those conditions not well managed by traditional community providers.

Over the past year, CDF-NY gathered a group of school health stakeholders to envision a universal scope of services that should be made available to all New York City school children. CDF-NY used that feedback to develop in-depth recommendations in a report entitled, *Health + Education = Opportunity: An Equation that Works*.

CDF-NY is very pleased with the inclusion of mental health services as a key component of the community school concept. The on-site delivery of mental health services will help address one of the most pressing health disparities facing New York City school children. Children often fail to receive care following a referral due to limited provider capacity and long appointment wait times.<sup>i</sup> On-site delivery of services will help mitigate poor follow-up rates. Additionally, CDF-NY applauds the focus on prevention services. This focus should be extended to outline a model of universal assessment for behavioral health disorders and appropriate referral to community providers. Half of all lifetime cases of mental health and substance abuse disorders start by age fourteen.<sup>ii</sup>

While the three key components listed in the concept paper address areas of need critical to the success of the community schools model, we recommend making the following clarifications and additions to the model:

### **1. Require that health care services be part of the continuum of care prioritized in the model.**

CDF-NY understands that community schools services are not limited to the three described components, but believes it is worthwhile to explicitly detail health care services as a primary component of community schools in addition to mental health services. One of the biggest deterrents to a student's opportunity to learn is poor health. While the concept paper recognizes

the importance of health care services, it fails to set a health care standard to which all community schools should ascribe. Similar to the mental health assessment requirement, we recommend the same requirement for health care services.

While it's unrealistic to create school-based health clinics in each of the schools, to the extent that schools have this invaluable resource, we believe the model must require a strong partnership to ensure students' health care needs are met. When this resource is not available on-site, we recommend that the provider identify school partners that will help with referrals to community clinics. Health indicator data should direct the principal, Community School Coordinator and school leadership team to maximize any existing OSH services available in the school and provide guidance on how best to partner with nearby community providers. It will be important to explore how schools can better coordinate with local health care providers, even if these providers are not incorporated into the community school as official partners. The ability to securely exchange student health data between OSH staff, school-based health center staff, and community providers will be crucial to this coordination.

**2. To determine this scope of services, the City should provide data on four key conditions that exist at the crossroads of the two above stated objectives; asthma, obesity, behavioral health disorders, and teen pregnancy.**

On page five, the concept paper notes that OSH will assist in the assessment of a school's mental health needs. It would be beneficial to extend this assessment to the physical health needs of the student population. The concept paper would benefit from a further explanation of the data available under OSH records. Such data will be particularly important for determining the appropriate level of health care services (mental and physical) for each school. Specifically, this data must identify those health care issues that affect a child's opportunity to learn and threaten lifelong wellness.

In our most recent school health report, CDF-NY highlights four key health indicators that demonstrate high demand for health care services; asthma rates, unhealthy Body Mass Index levels, prevalence of behavioral health disorders, and the rate of teen pregnancy. School health providers and administrators noted these four indicators as the greatest threats to learning and the areas most in need of further enhanced efforts.

**3. Add "Connect students to available health insurance options" to the list of services that mental health staff will provide.** Nearly all children, regardless of their immigration status, are eligible for affordable health insurance through Medicaid or Child Health Plus. Enrollment in affordable health care coverage facilitates better access to care.

**4. Encourage community schools to establish formal agreements/partnerships with children's behavioral health providers.**

While assessments will help identify all-too-often unrecognized behavioral health disorders, referral and ongoing treatment will be needed for many children. Connection with established behavioral health providers will help address some of the sustainability issues. Furthermore, contracting with an established behavioral health provider, as opposed to hiring an independent social worker, will connect the school and its students to a broader infrastructure that can facilitate referral to more intensive services when needed.

**5. The model should strongly encourage Community School Coordinators and Principals to jointly engage with parents, students and school staff to assess perceptions of school safety and discipline, and foster partnership between these stakeholders to collaboratively address school climate.**

As the use of suspensions has been linked to an “increasing likelihood of academic failure, disengagement in school and involvement in the criminal justice system,”<sup>iii</sup> the role of school discipline and safety in enhancing school climate and realizing the stated goals of community schools to enhance student and community outcomes cannot be minimized. “High levels of suspensions and arrests in school do not make students and teachers feel safer – they make them feel less safe.”<sup>iv</sup> Assessing community perceptions of safety and climate in schools, engaging stakeholders, and developing next steps in partnership to address school climate is difficult work and it depends on deliberate facilitation of community stakeholders on these issues.

Working together, Community Schools Coordinators and Principals, can facilitate collaboration and partnership between stakeholders. Explicitly requiring this is essential to effectively delivering social/emotional supports, safe spaces to explore interests or creativity, or programming to support academic achievement as the concept paper expects Community School Coordinators to do. Several models for assessing school climate and achieving stakeholder buy-in to improve school climate have already been used in New York City Schools and are shared as best practices by organizations like the National School Climate Center.

**6. The model should encourage principals to provide professional development and support to school staff to enhance school culture and cut back on overly-punitive, exclusionary discipline.**

CDF-NY has been committed to fostering partnerships between students, parents, school staff and NYPD safety agents at three renewal schools – Boys and Girls High School, Dreamyard Preparatory School and Bronx Collegiate Academy. Specifically, CDF-NY has sought to address issues related to school discipline and safety on those campuses through collaboration and facilitated dialogue between stakeholders. In our experience, school staff have been more willing to shift away from using suspensions or arrests to address student behavior and enhance school safety as they have been trained on and engaged with alternative methods of school discipline, and provided with sufficient support to assess and strengthen key practices related to school climate. This in mind, in addition to school staff trainings on collaboration, the concept paper should explicitly expect principals to prioritize trainings on enhancing school climate, graduated responses to school discipline and restorative practice for school staff and NYPD school safety agents.

Attached: Children’s Defense Fund – NY. (January 2015) Health +Education = Opportunity: An Equation that Works.” New York, NY.

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<sup>i</sup> Citizens Committee for Children. (2013). *A Prescription for Expanding School-Based Mental Health Services In New York City Public Elementary Schools* (1<sup>st</sup>ed.). New York, NY.

<sup>ii</sup> Ibid.

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<sup>iii</sup> New York City School – Justice Partnership Task Force. (May 2013). *Keeping Kids in School and Out of Court: Report and Recommendations*. New York, NY. p. 12.

<sup>iv</sup> Ibid.