

New York State Division of Budget Testimony on
Education and Mental Health Issues

December 13, 2007

Presented by Glenn Liebman
CEO, Mental Health Association in New York State
(MHANYS)

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State. We represent thirty affiliates across New York State in 52 counties. Most of our members provide community based mental health services as well as trainings and educational programs about mental health issues. Our organization is also very involved in advocacy efforts on behalf of individuals with psychiatric disabilities.

We thank Governor Spitzer and the Division of the Budget for the opportunity to provide testimony on the issues of the educational needs of children and adolescents with psychiatric disabilities.

Clinic Health Plus

There are mental health issues that directly impact our educational system in New York. Two years ago, we were very pleased to see the largest budget addition ever for children's mental health services in New York through Clinic Health Plus. The underpinnings of Clinic Health Plus are to provide mental health screenings in school setting for 400,000 students across New York State.

We understand that implementation of the program has begun in several different school districts across New York State. The goals are laudable but our concern is the issue of what you do once you identify the need in the community. There has to be capacity available to insure that the children who are diagnosed are able to receive the necessary community services.

One way to insure better linkages is for school districts to work with community based mental health providers in their areas to create seamless coordination of services.

Recommendation:

- As a follow up to Clinic Health Plus implementation, there must be funding available in the state budget to insure that school districts can coordinate necessary services through community based mental health programs. Once a need is identified, capacity must follow that need and that is best done through strong education/mental health linkages
- Funding within Clinic Health Plus for family driven and family support programs. In order to work with their children who are identified in Clinic Health Plus, parents need significant resources such as respite and family support.

Youth in Transition

A significant issue that impacts the education system and the mental health system is in regard to the needs of youth in transition to adult hood.

There are many youth between the ages of 16—24 who drop out of school because of a psychiatric disability. In many ways, we have the perfect storm in New York. We have adolescents in school with Serious Emotional Disturbances (SED) who drop out of school at a rate of over 70%. Over 40% of children in foster care have a mental illness and a high percentage of children in the juvenile justice system also have a mental illness.

Many of these adolescents drop out of school and end up homeless, in the criminal justice system or victims of homicides or suicides. The system of care in place does not truly respond to the needs of this population. The consequences of this inaction greatly impact the entire education system.

We firmly believe that the goal of any public policy is to create ‘intercept points’ so that adolescents with psychiatric disabilities who drop out of school can transition back into the education system and not become part of the adult mental health system.

Recommendations

- Funding for demonstration projects with schools that can identify those at risk of dropping out of school and create ‘transition centers’ which combine drop in centers with one stop programs. These centers would provide an environment where individuals meet with youth counselors and receive training and information about educational and employment opportunities as well as vocational training. In addition, these centers can also provide necessary social skills training, ADL skills training or whatever services are necessary for someone with a psychiatric disability to stay in school.
- Start transition planning at an earlier age for adolescents. Many individuals with a psychiatric disability who stay in school do not receive any transition planning material until their senior year. Transition planning should begin when someone enters high school not just before someone is graduating from high school.
- Schools should create stronger linkages with community providers so that adolescents who experience mental health concerns can attend programs with expertise provided through mental health professionals
- Increase the number of mental health professionals in schools. There are limited numbers of mental health professionals in most school and they are likely dealing with a very large ratio of students with psychiatric disabilities. In order to do their job properly, there must be greater emphasis on hiring professionals to help keep youth in school
- Mandate curriculums in schools that teach about mental health related issues. One in five children have a mental illness—more information and education about mental illness will help provide resources to students and teachers and also play a

role in decreasing the stigma that currently exists for mental illness in school settings

Summary

The needs of children in the educational system who have a psychiatric disability are complex. The complexity of the issue should not deter policy makers from responding to the identified needs that are in the community. For youth in transition to adulthood who have a psychiatric disability there must be funding in place to help respond to varied needs. Without appropriate funding, the system will continue to be unresponsive to many of their individual needs. As a result, these adolescents will end up as part of a system of **no care** that is filled with emergency room visits, homelessness and incarceration.

In order to stem that tide, there must be funding in the Education and Mental Health Budget to provide 'transition centers' for youth at risk of dropping out of school, funding for service links with community based providers and funding to for more mental health professionals in school settings. Administratively, transition planning must begin at a much younger age and mental health lesson planning should be a mandatory part of any school based curriculum.

Implementation of these recommendations will help to begin the policy changes necessary for youth in transition to stay in school and complete their education.

Thank you very much for your time and consideration.