



New York State Comptroller
THOMAS P. DiNAPOLI

Mental Health Education, Supports, and Services in Schools

New York City Department of Education

Report 2020-N-7 | August 2022

Spotlight on Education



Audit Highlights

Objectives

To determine whether the New York City Department of Education (DOE) is providing mental health instruction to students as required by law. In addition, we also sought to determine the extent to which DOE proactively ensures schools have the mental health supports and services they need, including mental health awareness training for school staff. Our audit covered the period July 2018 through March 2022 and included general education students only.

About the Program

According to the Centers for Disease Control and Prevention (CDC), mental health is an important part of overall health and well-being. Being mentally healthy in childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. However, many children struggle with mental health challenges that impact their full access to and participation in learning.

Rates of childhood mental health concerns, including self-harm and suicide, have been increasing steadily since 2010, and the most current statistics are alarming. According to a 2022 research report published by the CDC:

- Among high school students in 2019, 37% reported persistently feeling sad or hopeless in the past year and 19% seriously considered attempting suicide.
- Approximately seven in 100,000 persons aged 10 to 19 years died by suicide in 2018 and 2019.
- Approximately one in four children and adolescents aged 12 to 17 years has ever received mental health services.

Furthermore, according to the CDC, among the New York State high school student population in 2017 (approximately 808,150 according to State Education Department data), 17.4% (140,618) seriously considered suicide and 10.1% (81,623) made non-fatal suicide attempts. With the stress brought on by the coronavirus 2019 disease (COVID-19) pandemic since then, not to mention traumatic societal events, the mental health crisis for youth has reached a critical point and has become a significant public health issue.

To help confront the mental health crisis among youth in New York State, the Mental Health Association in New York State, Inc., a non-profit organization, led a call to action for a State law that would require mental health instruction in the kindergarten–Grade 12 health education curriculum. With the passage of the legislation, which amended Section 804 of the New York Education Law (Education Law), effective July 1, 2018, New York became the first state to require that health education in schools must include instruction in mental health. The Education Law mandates all schools to ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation of physical and mental health to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity.

While instruction is the cornerstone for promoting students' mental health, a holistic, comprehensive approach would also include mental health awareness training for school staff and ready access to in-school mental health supports and services for all students (currently, these are only required if

specified in a student’s individualized education program). Especially given the ongoing challenges of the COVID-19 pandemic and the greater need for mental health supports and services, schools are an ideal setting for this type of comprehensive prevention and early intervention program available for all students.

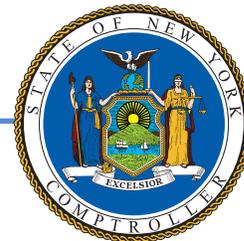
The New York City Department of Education (DOE), the nation’s largest school system, serves approximately 900,000 students at over 1,500 elementary, middle, and high schools. DOE also recognizes the importance of mental health well-being in the school setting, stating on its Mental Health webpage that “Mental health impacts all of us ... not only our students but our families, schools, and communities.” DOE also acknowledges that students are underserved, stating that “approximately one in five students who could benefit from additional mental-health supports does not get them.”

Key Findings

- DOE does not proactively ensure schools’ compliance with the Education Law in providing mental health instruction.
- DOE does not require training for its school staff to identify and address mental health needs of its students.
- DOE schools do not have the recommended number of mental health professionals to address their students’ mental health-related needs.
- DOE does not have a dedicated centralized data system for collecting and analyzing mental health data, either for individual students or in the aggregate, which would enable it to assess program appropriateness and success and identify emerging issues.

Key Recommendations

- Develop a mechanism for monitoring schools’ curriculum to ensure compliance with the Education Law.
- Require schools to ensure all staff who interact with students daily attend mental health awareness training.
- Explore ways to maintain appropriate mental health professional staffing levels at all schools.
- Explore ways to utilize a dedicated information system to collect, document, and analyze mental health-related information, such as referrals, services, and outcomes, which will allow data-driven decision making.



**Office of the New York State Comptroller
Division of State Government Accountability**

August 18, 2022

David C. Banks
Chancellor
New York City Department of Education
52 Chambers Street
New York, NY 10007

Dear Mr. Banks:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit of *Mental Health Education, Supports, and Services in Schools*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

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Glossary of Terms

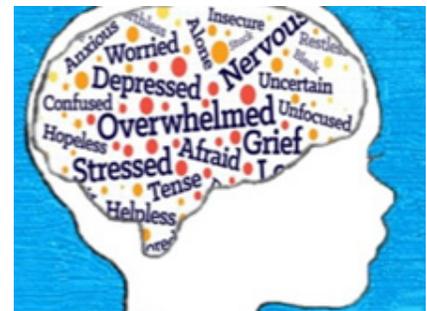
Term	Description	Identifier
ASCA	American School Counselor Association	<i>Association</i>
CDC	Centers for Disease Control and Prevention	<i>Agency</i>
COVID-19	Coronavirus disease 2019	<i>Key Term</i>
DOE	New York City Department of Education	<i>Auditee</i>
Education Law	New York Education Law Section 804	<i>Law</i>
IEP	Individualized education program	<i>Key Term</i>
MHANYS	Mental Health Association in New York State, Inc.	<i>Non-Profit Organization</i>
MTSS	Multi-tiered support system	<i>Key Term</i>
NASP	National Association of School Psychologists	<i>Association</i>
NASW	National Association of Social Workers	<i>Association</i>
OORS	DOE's Online Occurrence Reporting System	<i>System</i>
SED	State Education Department	<i>Agency</i>
SEL	Social-emotional learning	<i>Key Term</i>

Background

According to the Centers for Disease Control and Prevention (CDC), mental health is an important part of overall health and well-being. Being mentally healthy in childhood means reaching developmental and emotional milestones, learning healthy social skills, and being able to cope with problems or difficult situations. Mentally healthy children have a positive quality of life and can function well at home, in school, and within their communities. However, many children struggle with mental health issues, which can manifest as social, emotional, or behavioral conditions such as social withdrawal, mood swings, and anxiety – all of which can impact their success in daily life, including school.

Rates of childhood mental health concerns, including self-harm and suicide, have been increasing steadily since 2010, and the most current statistics are alarming. According to a 2022 research report published by the CDC:

- Among high school students in 2019, 37% reported persistently feeling sad or hopeless in the past year, and 19% seriously considered attempting suicide.
- Approximately seven in 100,000 persons aged 10 to 19 years died by suicide in 2018 and 2019.
- Approximately one in four children and adolescents aged 12 to 17 years has ever received mental health services.



Source: OSC

Furthermore, according to the CDC, among the New York State high school student population in 2017 (approximately 808,150 according to State Education Department [SED] data), 17.4% (140,618) seriously considered suicide and 10.1% (81,623) made non-fatal suicide attempts. With the stress brought on by the coronavirus 2019 disease (COVID-19) pandemic since then, not to mention traumatic societal events, the mental health crisis for youth has reached a critical point and has become a significant public health issue.

As the COVID-19 pandemic took hold, it brought enormous challenges for all American youth – who were suddenly faced with disruption; long periods of isolation from friends; remote learning; income, food, or housing insecurity; and matters of life and death – and disproportionately impacting those who were vulnerable to begin with.

In October 2021, a coalition of the nation’s leading experts in pediatric health – the American Academy of Pediatrics, Children’s Hospital Association, and American Academy of Child and Adolescent Psychiatry – issued an urgent warning of a mental health crisis among children so dire

“Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people ... and mitigate mental health impacts.”

Key Actions

Recognize that mental health is an essential part of overall health.

Empower youth to recognize, manage, and learn from difficult emotions.

Support the mental health of youth in educational settings.

Increase data collection and research to identify and respond to youth mental health needs more rapidly.

– From [Protecting Youth Mental Health – The U.S. Surgeon General’s Advisory](#)

that it had become a national emergency. This was followed by a similar advisory from the U.S. Surgeon General, who stressed the need for stronger, ongoing mental health support for children and youth.

The New York City Department of Education (DOE), the nation's largest school system, serves approximately 900,000 students at over 1,500 elementary, middle, and high schools. DOE recognizes the importance of mental health well-being in the school setting, stating on its Mental Health webpage that "Mental health impacts not only our students but our families, schools, and communities" and "Enhanced school mental health programs improve schools' abilities to provide access and support during the school day." DOE also acknowledges that students are underserved, stating that "approximately one in five students who could benefit from additional mental-health supports does not get them."

To help confront the mental health crisis among youth in New York State, the Mental Health Association in New York State, Inc. (MHANYS), a non-profit organization, led a call to action for a State law that would require mental health instruction in the kindergarten–Grade 12 health education curriculum. With the passage of the legislation, which amended Section 804 of the New York Education Law (Education Law), effective July 1, 2018, New York became the first state to require that health education in schools must include instruction in mental health.

The Education Law mandates all schools to ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation of physical and mental health to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity.

While instruction is the cornerstone for promoting students' mental health, a holistic, comprehensive approach would also include mental health awareness training for school staff and ready access to in-school mental health supports and services for all students (currently, these are only required if specified in a student's individualized education program [IEP]). Especially given the ongoing challenges of the pandemic and the greater need for mental health supports and services, schools are an ideal setting for this type of comprehensive prevention and early intervention program available for all students.

Audit Findings and Recommendations

Today's reality is that youth are experiencing unprecedented mental health stressors, directly and indirectly. As the impacts from the pandemic and other traumatic societal events continue to mount, the mental health of all students is increasingly at risk. Comprehensive mental health education, supports, and services are paramount to their well-being and resilience. Although our audit found that the schools we sampled are including components of mental health education in their instruction (i.e., curriculum), as required by law, DOE does not proactively ensure that all schools have established a mental health curriculum.

Furthermore, although DOE has mental health supports and services, including social workers and school counselors, available at its schools, most of the schools fall below the recommended professional staff-to-student ratio and students are not being fully served. Given the professional staffing shortages, mental health awareness training of all staff would be a valuable backup. Although there is no requirement mandating that school staff (i.e., principals, teachers, paraprofessionals) receive mental health awareness training, these individuals are immersed in students' lives daily and, properly trained, would be a valuable "first line of defense" to identify signs of mental health struggles among students. While DOE does make staff trainings available for schools, among our sampled schools attendance was low.

In addition, tying in with the U.S. Surgeon General's recommendation to use data collection and research to identify and respond to youth mental health needs, we note that DOE does not have a dedicated system for collecting and analyzing mental health data either for the individual student or in the aggregate. Such a system would enable DOE to manage, monitor, and evaluate services or programs and identify emerging trends, which could result in more effective, data-driven decision making.

Mental Health Instructions to Students

The Education Law does not mandate a specific curriculum in mental health instruction to be used across schools in New York State; rather, it gives schools latitude in developing curriculum based on their needs. Accordingly, DOE officials told us that, while they encourage schools to use programs that adopt a social-emotional learning (SEL)¹ framework such as the HealthSmart program, individual schools are allowed flexibility in the curriculum they choose.

We interviewed officials at a sample of 58 schools – 16 elementary, 16 middle, and 26 high schools – to determine, among other things, how they incorporate mental health education in their instruction. Officials at these schools told us their curriculum that includes mental health component is derived from a variety of education curricula that align with SEL standards. For example, while some schools use the HealthSmart program, others use Sanford Harmony, RULER, and EVERFI. School officials also generally indicated that the method used to teach mental health

¹ According to information on SED's website, SEL is the process through which children, youth, and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

instruction varies based on students' grade/age. For example, at elementary schools, mental health education may be incorporated into physical education instruction or delivered in a writing class when the teacher is discussing feelings, whereas at middle and high schools, mental health instruction is discussed during the required health class.

For half of these 58 schools, we requested the curriculum they use as the basis for their instruction to determine whether they are in compliance with the Education Law. We determined that each of the 29 schools included components of mental health in their curriculum, such as the SEL programs previously cited. This simple means of confirmation provides at least some assurance that students are receiving the required learning. However, DOE does not take any similar, even minimal action to proactively monitor whether schools are using and/or developing their own curriculum to include a mental health component and that it is being implemented.

While DOE is not assigned specific oversight responsibilities under the Education Law, its mission statement includes a pledge to "prioritizing wellness," including mental health, "and its link to student success." In the face of the escalating mental health crisis among students, such a commitment would compel DOE to have a means to assure itself that schools have established a curriculum with a mental health component and are implementing it. More proactive support by DOE to ensure students are learning about mental health increases the likelihood that they will be able to recognize signs in themselves and their classmates and take those critical steps to get help.

Mental Health Awareness Trainings for Staff

Given their daily involvement with students, school staff, including principals, teachers, and paraprofessionals, are uniquely positioned to notice any changes in behavior (e.g., withdrawing from normal activities, acting out) or other signs that could indicate a student is struggling with mental health issues. Properly trained, school staff could be an important conduit to early intervention for struggling students, guiding them to needed in-school supports and services, such as social workers, counselors, and other school professionals or administrators. However, there is no law requiring these school staff to take trainings addressing mental health.

Although not required, DOE makes a variety of mental health awareness trainings available for its schools. To determine the training topics DOE offered, we requested information for 15 of the 58 schools in our sample, showing which trainings their staff attended for the July 2018 to February 2021 period. DOE provided us with a list of 48 mental health-related trainings. However, our review found that staff attendance was low at these trainings. For example, only three staff from two of the 15 schools (Eleanor Roosevelt High School and P.S. 197 - John B. Russwurm) attended the Fundamentals of Suicide Awareness and Prevention training during the period we reviewed. In response to our inquiry regarding the trainings, DOE officials stated that,

because these trainings are voluntary, school leaders have flexibility to select the trainings as well as the staff who will attend.

While we commend DOE's efforts in making trainings in mental health awareness available, we believe that schools, their staff, and ultimately their students would be better served if mental health awareness trainings are required for all staff (non-mental health professionals) who have daily interactions with students. Properly trained, these staff would be a valuable "first line of defense" to identify signs of mental health struggles among students, refer them to needed support services, and provide them with the solid footing they need to achieve success in school.

Mental Health Supports and Services in Schools

Among other symptoms, mental health issues can manifest as restlessness and fatigue, anxiety, and loss of concentration – conditions that can undermine students' ability to focus on learning – and ultimately increase the risk of truancy and chronic absenteeism. If schools are to play a role in improving outcomes for their students, prioritizing mental health education, supports, and services in schools is vital. As DOE states on its website, enhanced school-based mental health programs improve schools' ability to provide access and support during the school day. When students access these programs, schools observe:

- An increase in grades, attendance, student self-esteem, overall child health, and parent and teacher knowledge of mental health issues.
- A decrease in absenteeism and emergency room use for mental health services.

“Mental health is not simply the absence of mental illness, but also means having the skills necessary to cope with life’s challenges. If ignored, mental health problems can interfere with children’s learning, development, relationships, and physical health.”

– From National Association of School Psychologists

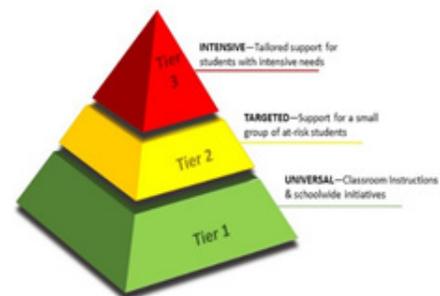
According to the National Center for School Mental Health and the National Association of School Psychologists (NASP), comprehensive school mental health systems promote well-being and social-emotional health for all students and staff, while also supporting those with mental health challenges. The success of a comprehensive school mental health and behavioral health program relies on educators, mental health professionals, other specialized instructional support personnel, and community health and mental health providers working across a multi-tiered system of support (MTSS) that provides for three increasingly specialized tiers of support. The MTSS approach ensures that all students, including those in both general and special education, can access an array of services and that all students have exposure to universal mental health supports.

Mental Health Programs

The DOE uses the MTSS three-tier framework as the basis for its mental health programs, including: universal social-emotional learning and wellness programs for all students (Tier 1); selective mental health supports geared toward a smaller,

more select group of students who continue to experience social, emotional, and/or behavioral risk (Tier 2); and intensive, specialized, tailored support for students with chronic or intense social, emotional, or behavioral needs (Tier 3). During our audit, DOE's website highlighted these six mental health programs:

1. Community School Mental Health Program
2. School Mental Health Prevention and Intervention Program
3. School-Based Mental Health Clinics
4. School-Based Health Centers with Mental Health Services
5. School Mental Health Specialist Program
6. School Response Team Program



Source: OSC

According to DOE officials, these programs provide support to schools to meet the emotional health and academic needs of their students through interventions, crisis support, counseling, and/or treatment, and are available in the school buildings and accessible to students throughout the school day.

During most of the audit time frame, DOE touted to parents and other visitors to its website that “one of these mental health programs is offered at your child’s school” and included a link to a spreadsheet listing the schools and the program available at each.

Our review, however, found DOE's claim to be inaccurate as not all schools – 563 (37%) of the 1,524 DOE schools in fact – have one of these structured mental health programs (see Exhibit A for a breakdown by school district). Exhibit B identifies the number of schools selected to have one of these programs.

In our meetings with DOE officials, they stated these six programs work because they are evidence based. That being the case, we inquired why evidence-based programs were not at all the schools, as cited on the DOE website, especially given the latest predictions that the mental health crisis among youth will only continue to escalate. DOE officials responded that they use information from their Online Occurrence Reporting System, or OORS (discussed in more detailed later in the report), to determine which schools would get these six programs. However, despite our requests, DOE officials did not provide us with information showing how they use OORS to select schools for the programs. (In fact, earlier in the audit when we requested OORS data, DOE officials told us that OORS had no connection to mental health.)

Later, DOE officials acknowledged that these six programs were not provided to all schools but stated other supports/programs were available to the other 563 schools. When we asked for a listing of these other supports/programs available at each of these other schools, DOE officials could not readily provide the information. DOE officials subsequently provided lists, newly compiled in response to our audit,

showing the various supports/programs available. This listing included information not just for the 563 schools but also for programs and supports reportedly available at other DOE schools. We commend DOE for preparing this list in response to our preliminary findings. This list, if made available to all schools, can be useful to school administrators, teachers, parents, and others so they are aware of the different supports/programs available at their own and other schools.

We note that, also as a result of our audit, DOE changed several aspects of its Mental Health webpage to correct misleading information or increase transparency. In addition to its revision of the statement cited above, which gave the false impression that one of six programs is available at every school, DOE removed the link to the spreadsheet identifying schools and programs, and instead started listing some of the supports/programs available at each school on that school's website. Our review of the websites at the beginning of the audit for our sample of 58 schools showed there was little or minimum information on mental health support services at the schools. In addition, the Mental Health webpage now provides an explanation of the MTSS framework and, in addition to the six programs, describes the other mental health resources that are available.

Mental Health Professionals

The battle against the mental health crisis is waged not only through education and training to staff but also through services by mental health professionals. Mental health professionals at the schools – that is, social workers, school counselors (also referred to as guidance counselors), and school psychologists – play a vital role in supporting mental health among students, as they have daily interactions with students and are trained in identifying, providing, and/or referring students who show signs of mental health struggles.

During the audit, we met with associations representing these mental health professionals, including the National Association of Social Workers (NASW), the American School Counselor Association (ASCA), and the NASP, to determine the responsibilities of these professionals in the school setting and their recommendations for addressing the mental health crisis among youth. Officials at these organizations, including current and former DOE employees, told us the responsibilities of the social workers, school counselors, and psychologists can vary among school districts and in individual schools.

School social workers' responsibilities may include counseling students and making referrals. Social workers also can provide support to teachers/schools to assess and address students' social and emotional needs and provide strategies to staff in promoting social and emotional competence throughout the school. They are trained to serve as a link between home, school, and community through direct and indirect services. School counselors' responsibilities may include counseling students on social and emotional development, academic readiness, and graduation requirements. They also can identify and make referrals for students outside the school to improve the emotional, social, and academic well-being of students

and their families. School psychologists may provide direct therapeutic support and interventions to students to assist with mental health and social emotional development.

To help address social-emotional wellness and development of students in schools, the NASW, ASCA, and NASP recommend the following professional staff-to-student ratios for optimal mental health services and support:

- School social worker: one per 250 students
- School counselor: one per 250 students
- School psychologist: one per 500 students

New York City Local Law 56 of 2014, which amended the New York City Administrative Code by adding a new Chapter 3 to Title 21-A, requires DOE to annually report on the number and ratio of social workers and school counselors at schools. This data is published in NYC Open Data. Based on our analysis of this self-reported data for the 2020-21 school year – at the height of the COVID-19 pandemic when the need for mental health services and support for all students was especially critical – we determined that many schools fell well below the recommended ratios for social workers and counselors. Among other findings, we determined that, on aggregate:

- Only 1,101 of the 1,524 schools have at least one social worker; the other 423 schools have no social worker. Moreover, of the 1,101 schools with at least one social worker, 882 (80%) did not meet the recommended ratio of one social worker for every 250 students.
- Although 1,422 of the 1,524 schools have at least one school counselor, 910 (64%) of these 1,422 schools did not meet the recommended ratio of one school counselor for every 250 students.

For the 58 schools in our sample, as shown in Exhibit C, we found that 44 schools (76%) did not meet the recommended social worker-to-student ratio and 24 schools (41%) did not meet the recommended school counselor-to-student ratio. For example:

- Flushing Heights (P.S. 163), an elementary school in Queens, serves 807 students with just one social worker and one school counselor.
- At Susan B. Anthony (I.S. 238), a middle school in Queens serving 1,245 students, the assigned social worker is available less than part time, and it has just two school counselors.
- John Bowne (Q425), a high school in Queens serving 3,432 students, has 16 school counselors but just one social worker.

Furthermore, of the 563 schools that we previously cited as not having any one of DOE's six mental health programs in their schools, 167 (30%) did not have a social

worker, 52 others (9%) did not have a school counselor, and four had neither a social worker nor a school counselor.

According to DOE, with the start of the 2021 school year, it added more than 500 social workers and guidance counselors to meet students' social-emotional needs, and it now employs a total of 5,033 social workers and guidance counselors so that "every school has – at minimum – access to a social worker, guidance counselor, or school-based mental health center." However, according to the City's Independent Budget Office, that number will fall short of putting a full-time mental health professional in every school to help students recover from the COVID-19 pandemic. Given the mental health crisis facing students, it is imperative that DOE take action to ensure all schools have appropriate, effective mental health staff levels.

NYC Open Data does not have data on school psychologist staffing, and we were thus unable to compute each school's staff-to-student ratios. Upon our request for this information, DOE provided us with a list showing that each of its 1,524 schools has access to at least one school psychologist. However, this list showed that a school psychologist was not always on site full time at every school; their availability ranged from 1 to 4 days per school week. For example, 394 of these schools had a psychologist on site 1 to 2 days a week; 193 schools had a psychologist on site 1 day or less. Moreover, DOE officials stated that school psychologists' role primarily involves working on behalf of students who have or are being evaluated for an IEP, and that they spend little or no time working with general education students.

While we recognize DOE's decision to use school psychologists where best suited to meet student needs, school psychologists are specially trained in identifying and providing mental health therapeutic services to students and/or referring them to appropriate services. As part of the school community, they can be a vital mental health resource for all students, including those without identified education disabilities. In addition to the social workers and school counselors, school psychologists are important in addressing the ongoing mental health needs of all students including general education students.

Data System With Mental Health Information

The National Network of Public Health Institutes cites the value of data in supporting children's mental health – namely, that data enables an understanding of past trends to inform and prepare for the future. Further, it states that "data governance provides the mechanism to oversee and implement in a coordinated way the data-related policies and practices that are used to manage, monitor, or evaluate services or programs." DOE does not have a centralized data system for collecting and analyzing mental health data either for individual students or in the aggregate – to assess program appropriateness and success and identify emerging issues.

DOE officials explained that due to restrictions on students' education and health records imposed by the Family Education Rights and Privacy Act and the Health Insurance Portability and Accountability Act, they do not have a centralized data system to protect students' privacy and personal identifiable information. While we

acknowledge the challenges associated with protecting students' mental health information, DOE should explore ways to collect student data and use it in a way that best serves individual students, or the student population at large, to the extent permitted by federal and State law.

DOE officials also told us that individual schools may keep their own data on mental health support and programs. We met with staff at the sample of 58 schools, including principals, social workers, and counselors, to ascertain how they record and track incidents or other encounters with students that may indicate a mental health concern. We learned that, generally, procedures for recording student incident information vary across, and even within, schools. For example, some school staff stated they document information electronically using Excel spreadsheets while others keep their own, in some cases handwritten, notes in files. Some school officials stated they record behavioral incidents such as bullying in OORS.

OORS is a web-based system that schools use to record details of all incidents that occur in the DOE schools (categorized in 166 infraction codes). The types of incidents reported are wide ranging, and can include accidents (e.g., a student injured while in gym class), building safety conditions, and student behaviors (e.g., intimidation/bullying, altercations, suicide).

We requested DOE provide us with a download of OORS information for 15 of the 58 schools in our sample. DOE initially denied our request, asserting that OORS has no connection to mental health. After we explained that staff at several schools use OORS to document their mental health incidents, DOE consented to provide the requested information. To expedite receipt of this information, we pared down our request from 15 to five schools: a middle school in District 14, Brooklyn; an elementary school in District 5, Manhattan; a high school in District 10, Bronx; a high school in District 13, Brooklyn; and a high school in District 24, Queens.

While we recognize that OORS is not a mental health data system, as it does not categorize or differentiate mental health-related incidents, we found that it does capture useful information that is pertinent to mental health. For example, we found information on suicide/suicide ideation and bullying incidents – two areas that are potential risk factors that involve mental health struggles. In addition, OORS enables users to enter planned actions resulting from a given incident and any support and interventions provided or recommended to students (i.e., counseling). The analyses we performed for the five schools provided a useful snapshot of mental health-related incidents at the school.

According to OORS data, for the period September 2018 to April 2020, there were a total of 488 incidents at these five schools involving 271 students (some of whom were associated with multiple incidents). We focused our review on 201 of these incidents (41%) based on either severity or frequency of incident type, as follows:

- Suicide/suicide ideation (18 incidents)
- Intimidation/bullying (68 incidents)

- Coercion/threats (63 incidents)
- Altercation/physical aggression (52 incidents)

Through further analysis, we were able to break down the incident data (see table below) to show the greatest number of incidents by type and the number of students involved at these five schools.

Analysis of OORS Data, by Incident Type, for the Five Schools

School	Suicide/Suicide Ideation		Intimidating and Bullying Behavior		Coercion/Threats		Altercation and/or Physically Aggressive Behavior	
	No. Incidents	No. Students	No. Incidents	No. Students	No. Incidents	No. Students	No. Incidents	No. Students
High School – District 24, Queens	2	2	1	1	3	3	8	8
High School – District 13, Brooklyn	1	1	2	2	2	2	6	5
Middle School – District 14, Brooklyn	9	8	51	37	15	12	7	7
Elementary School – District 5, Manhattan	0	0	0	0	31	21	12	8
High School – District 10, Bronx	6	6	14	12	12	12	19	16
Totals	18	17	68	52	63	50	52	44

While we recognize this is just a snapshot for a small sample of schools, DOE could perform similar, more comprehensive analyses to identify incident trends, schools at risk, and students at risk; help guide allocation of resources accordingly; and where statistics are alarming, take prompt action. In response, DOE officials stated that they do, in fact, use OORS data to make determinations regarding student support programming. However, they did not provide us with details on how they use OORS data to determine student support programming.

While OORS data is useful, it may still benefit DOE to develop a separate data system specifically for mental health incidents. It appears that such a system may already be taking shape: Starting with the 2021-22 school year, DOE launched an initiative to screen all students for mental health needs based on SEL competencies. When asked how they will capture information from the screenings, DOE officials stated they were still working on developing a system. However, OORS contains valuable mental health data and can serve as the foundation of a data system to collect other mental health information.

Best Practices for Addressing Students’ Mental Health Needs

The reality of today’s world is that youth are being confronted with unprecedented stressors, directly and indirectly, and not just due to the pandemic but the global and “close to home” traumatic societal events that make headlines daily. The need for comprehensive mental health services will undoubtedly increase as COVID-19–

related and other significant life stresses continue to mount, and schools likely will continue to be called upon to deliver support in non-traditional, progressive ways beyond the classroom.

This audit of mental health education, similar to our prior audit at SED ([2020-S-63](#)), found that it was enormously challenging for the sampled schools to effectively identify and address students' mental health needs during the approximate 2 years of remote learning due to the pandemic. However, school officials we interviewed stated that they found alternative ways to stay connected, such as using Google Hangouts and Google Classroom to communicate with students and online apps such as Kinolved to monitor and assess mental health. School officials also said they instituted surveys that allowed students to self-report how they were feeling on a given day. However, some school officials also stated that it was challenging to reach out to the students and provide open and honest counseling sessions during remote learning.

Given that such challenges will likely continue to exist, where schools have successfully navigated them in the past using certain tools, this information should be shared so that all schools can benefit. As the administrator of all New York City schools, DOE should take an active role in promoting knowledge sharing among schools and creating the means for schools to support each other – and in so doing support their students.

Recommendations

1. Develop a mechanism for monitoring schools' curriculum to ensure compliance with the Education Law.
2. Require schools to ensure all staff who interact with students daily attend mental health awareness training.
3. Explore ways to maintain appropriate mental health professional staffing levels at all schools.
4. Explore ways to utilize an information system to collect, document, and analyze mental health-related information, such as referrals, services, and outcomes, which will allow data-driven decision making.
5. Promote knowledge sharing among schools, including their solutions for remote mental health monitoring.

Audit Scope, Objectives, and Methodology

The objectives of our audit were to determine whether DOE is providing mental health instruction to students as required by law. In addition, we also sought to determine the extent to which DOE proactively ensures schools have the mental health supports and services they need, including mental health awareness training for school staff. Our audit covered the period July 2018 through March 2022 and included general education students only.

To accomplish our audit objectives and assess internal controls related to our objectives, we interviewed DOE Central Office officials and officials from individual schools to gain an understanding of their practices related to mental health instruction and the available supports and services for students. We also interviewed officials from SED, MHANYS, and other associations supporting school mental health professionals to gain an understanding of their roles in mental health supports and services in schools. We reviewed relevant laws, regulations, and guidance.

We selected a judgmental sample of 58 schools – 16 elementary, 16 middle schools, and 26 high schools – based on factors such as student grade level and location (borough). To gain an understanding of mental health education and supports and services being provided by schools, we held virtual meetings with 43 of 58 sampled schools and received written survey responses from the remaining 15 schools. The sample selected was not projected or intended to be projected across the population as a whole. We requested and reviewed records for schools in the sample related to curriculum, training involving mental health awareness, incidents at schools reported in OORS related to mental health, and mental health supports and services available at the schools. We also reviewed data available in NYC Open Data and from DOE on mental health positions in the schools. We determined that the data used to pull our sample and perform our analysis was sufficiently reliable for our use in accomplishing our audit objectives. As part of audit procedures, the audit team used Geographic Information Systems (GIS) software for geographic analysis. Portions of the maps contained in this report include the intellectual property of Esri and its licensors and are used under license. Copyright © 1987-2020 Esri and its licensors. All rights reserved.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article III of the General Municipal Law.

We conducted our audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained during our audit provides a reasonable basis for our findings and conclusions based on our audit objectives.

As is our practice, we notify agency officials at the outset of each audit that we will be requesting a representation letter in which agency management provides assurances, to the best of their knowledge, concerning the relevance, accuracy, and competence of the evidence provided to the auditors during the audit. The representation letter is intended to confirm oral representations made to the auditors and to reduce the likelihood of misunderstandings. Agency officials normally use the representation letter to affirm that, to the best of their knowledge, all relevant financial and programmatic records and related data have been provided to the auditors. They further affirm either that the agency has complied with all laws, rules, and regulations applicable to its operations that would have a significant effect on the operating practices being audited, or that any exceptions have been disclosed to the auditors. However, officials at the New York City Mayor's Office of Operations informed us that, as a matter of policy, mayoral agencies do not provide representation letters in connection with our audits. As a result, we lack assurance from DOE officials that all relevant information was provided to us during the audit.

Reporting Requirements

A draft copy of this report was provided to DOE officials for their review and comment. Their comments were considered in preparing this final report, and are attached in their entirety at the end of it. DOE officials generally agreed with the report's recommendations and indicated actions they have taken or will take to implement them. We address certain of their remarks in our State Comptroller's Comments, which are embedded within their response.

Within 180 days of the final release of this report, we request that the Chancellor of the New York City Department of Education report to the State Comptroller, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Exhibit A

Location, by School District, of the 563 Schools Without a Mental Health Program for 2020-21 School Year

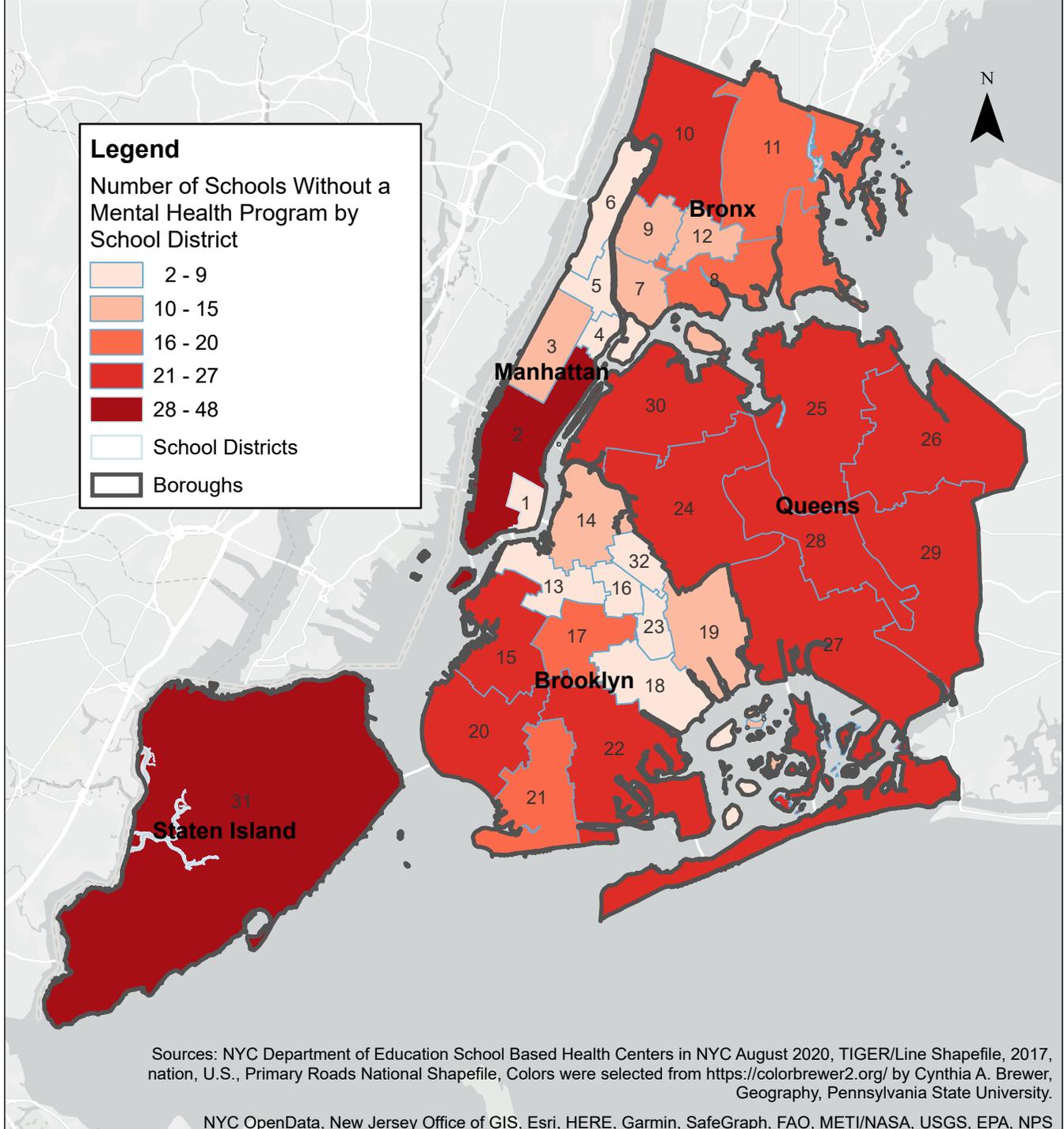


Exhibit B

Breakdown of Six DOE Mental Health Programs* at Selected DOE Schools

Mental Health Program	Program Services	No. of Schools
Community School Mental Health Program	Counseling, training intervention, crisis support	128
School Mental Health Prevention and Intervention Program	Counseling, training intervention, crisis support	43
School-Based Mental Health Clinics	Individual and family treatment, crisis support	162
School-Based Health Centers with Mental Health Services	Physical exams, vaccinations, mental health services	238
School Mental Health Specialist Program	Connects schools with mental health organizations, provides trainings, implements trauma-informed group interventions, links students and families to community resources	338
School Response Team Program	Crisis support and interventions, staff trainings, mental health referrals for families and students	29

*These six programs are at 938 schools. In addition to these schools, 23 schools had a new program called H+H (Health & Hospital) that DOE started as a response to the COVID-19 pandemic.

Exhibit C

Breakdown of Professional Staff-to-Student Ratios for Sample of 58 Schools

School	No. of Students	No. of Social Workers*	Social Worker: Student Ratio	School Met 1:250 Ratio?	No. of School Counselors*	School Counselor: Student Ratio	School Met 1:250 Ratio?
Elementary Schools							
M001 - P.S. 001 Alfred E. Smith	247	1	247	Yes	0	0	No
M340 - Sixth Avenue Elementary School	400	1	400	No	0	0	No
M038 - P.S. 038 Roberto Clemente	243	2	122	Yes	0	0	No
M155 - P.S. 155 William Paca	244	1	244	Yes	1	244	Yes
M197 - P.S. 197 John B. Russwurm	289	1	289	No	1	289	No
X065 - P.S. 065 Mother Hale Academy	357	2	179	Yes	1.6	223	Yes
X077 - Bedford Park Elementary School	507	1	507	No	1	507	No
X396 - P.S. 396	294	0	0	No	3	98	Yes
K230 - P.S. 230 Doris L. Cohen	1,103	1	1,103	No	2	552	No
K896 - School of Creativity and Innovation	101	1	101	Yes	1	101	Yes
K290 - P.S. 290 Juan Morel Campos School	436	1	436	No	1	436	No
Q290 - A.C.E. Academy for Scholars at Geraldine Ferraro Campus	583	1	583	No	1	583	No
Q163 - P.S. 163 Flushing Heights	807	1	807	No	1	807	No
Q169 - P.S. 169 Bay Terrace	385	0	0	No	0.6	642	No
Q223 - P.S. 223 Lyndon B. Johnson	537	1	537	No	1	537	No
Q080 - P.S. 80 Thurgood Marshall Magnet School of Multimedia and Communication	473	0	0	No	1	473	No
Middle Schools							
M114 - East Side Middle School	457	0	0	No	1	457	No
M825 - Isaac Newton Middle School for Math & Science	281	1.25	225	Yes	1	281	Yes
M349 - Harbor Heights	123	0	0	No	1	123	Yes
X224 - P.S./I.S. 224	281	1.25	225	Yes	4	70	Yes
X228 - Jonas Bronck Academy	267	1.25	214	Yes	1	267	No

School	No. of Students	No. of Social Workers*	Social Worker: Student Ratio	School Met 1:250 Ratio?	No. of School Counselors*	School Counselor: Student Ratio	School Met 1:250 Ratio?
X244 - New School for Leadership and Journalism	718	0.20	3,590	No	4	180	Yes
X181 - I.S. 181 Pablo Casals	881	1	881	No	3	294	No
X316 - Kappa III	363	0	0	No	3	121	Yes
K582 - M.S. 582	329	0.20	1,645	No	1	329	No
K062 - J.H.S. 062 Ditmas	1,173	0.20	5,865	No	3	391	No
K220 - J.H.S. 220 John J. Pershing	1,494	0.14	10,458	No	3	498	No
K078 - JHS 078 Roy H. Mann	548	1.25	438	No	3	183	Yes
K234 - J.H.S. 234 Arthur W. Cunningham	1,557	0.33	4,671	No	3	519	No
K518 - Kappa V (Knowledge and Power Preparatory Academy)	181	1	181	Yes	1.6	113	Yes
Q294 - BELL Academy	361	0	0	No	1	361	No
Q238 - I.S. 238 - Susan B. Anthony Academy	1,245	0.20	6,225	No	2	623	No
High Schools							
M047 - 47 American Sign Language and English Secondary School	232	1	232	Yes	1	232	Yes
M392 - Manhattan Business Academy	406	0	0	No	2	203	Yes
M416 - Eleanor Roosevelt High School	541	0	0	No	3	180	Yes
M427 - Manhattan Academy For Arts & Language	210	0	0	No	2	105	Yes
M437 - Hudson High School of Learning Technologies	458	2	229	Yes	2	229	Yes
M540 - A. Philip Randolph Campus High School	1,409	2	705	No	7	201	Yes
X312 - Millennium Art Academy	406	2	203	Yes	1	406	No
X525 - Bronx Leadership Academy High School	466	1	466	No	4	117	Yes
X353 - World View High School	583	1.20	486	No	3	194	Yes
X434 - Belmont Preparatory High School	389	0.25	1,556	No	3	130	Yes
X521 - Metropolitan Soundview High School	422	1	422	No	2	211	Yes

School	No. of Students	No. of Social Workers*	Social Worker: Student Ratio	School Met 1:250 Ratio?	No. of School Counselors*	School Counselor: Student Ratio	School Met 1:250 Ratio?
K419 - Science Skills Center High School for Science, Technology and the Creative Arts	591	1	591	No	3	197	Yes
K605 - George Westinghouse Career and Technical Education High School	753	3	251	No	4	188	Yes
K674 - City Polytechnic High School of Engineering, Architecture, and Technology	433	0.20	2,165	No	4	108	Yes
K454 - Williamsburg High School of Art and Technology	310	0.85	365	No	2	155	Yes
K685 - El Puente Academy for Peace and Justice	226	0.20	1,130	No	3	75	Yes
K537 - High School for Youth and Community Development at Erasmus	466	2	233	Yes	2	233	Yes
K548 - Brooklyn School for Music & Theatre	278	0	0	No	2	139	Yes
K633 - High School for Medical Professions	454	1	454	No	1	454	No
K683 - School for Classics High School	264	0.25	1,056	No	2	132	Yes
K620 - William E. Grady Career and Technical Education High School	453	2	227	Yes	2	227	Yes
Q264 - Academy of Finance and Enterprise	677	0	0	No	2	339	No
Q425 - John Bowne High School	3,432	1	3,432	No	16	215	Yes
Q302 - Queens High School for Information, Research, and Technology	481	0.50	962	No	3	160	Yes
Q265 - Excelsior Preparatory High School	422	0.20	2,110	No	2	211	Yes
R455 - Tottenville High School	3,694	2	1,847	No	16	231	Yes

*For those schools showing a number less than 1 for these titles, these professionals were not working full time at the school.

Agency Comments and State Comptroller's Comments



Daniel Weisberg
First Deputy Chancellor

July 1, 2022

Mr. Thomas P. DiNapoli, State Comptroller
Office of the New York State Comptroller
Division of State Government Accountability
110 State Street, 11th floor
Albany, NY 12236

**Re: New York City Department of Education's
Mental Health Education, Supports,
and Services in Schools (2020-N-7)**

Dear Comptroller DiNapoli,

This letter constitutes the formal response of the New York City Department of Education (DOE) to the recommendations made by the Office of the State Comptroller (Comptroller) in its draft audit report on the DOE's Mental Health Education, Supports, and Services in Schools (Report).

Response to Recommendations

Recommendation 1. *Develop a mechanism for monitoring schools' curriculum to ensure compliance with the Education Law.*

Response. The DOE agrees with this recommendation as we are of the opinion that our current measures are adequate to ensure schools' curriculum is in compliance with the Education Law. Health Education is a mandated academic subject, and like all subjects, scheduling data is captured through DOE's central scheduling system, STARS. Through STARS, DOE maintains data on how many students are scheduled, how many instructors are teaching, and whether schools are appropriately programming classes. The Report confirmed that our current process is working since all the curricula reviewed had the required health components. Mental health lessons as part of health education are not tracked as a separate subject because those lessons are one of a variety of topic areas covered in comprehensive health education, and it would be impractical to track these lessons individually.

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State Comptroller's Comment – Notwithstanding the results of our review for a sample of schools, we stand by our assertion that DOE, the largest school district in the country, should be proactive and have a means to assure itself that schools have established a mental health component in their instructions and are implementing it.

Recommendation 2. *Require schools to ensure all staff who interact with students daily attend mental health awareness training.*

Response. The DOE agrees with this recommendation as we believe current mandated training serves this purpose. As we stated to the auditors, there are mandatory trainings all schools must complete, including Emergency Readiness, Crisis 101, the Student-to-Student Sexual Harassment Designated Staff Training, and the Chancellor's Regulations A-832 and A-831 trainings which cover all of crisis response and de-escalation, suicide awareness and prevention. While we continue to encourage schools to take additional trainings offered by the DOE, principals have the flexibility in selecting these trainings for their staff and in choosing who should attend to meet the needs of their school. To that point, the auditors requested a list of trainings offered for a sample of 15 schools, in which we provided a list of over 500 faculty members who attended many of these trainings. Further, the NY State Education Department (NYSED), for certification purposes, requires that all licensed professionals working in schools complete Child Abuse Identification, Dignity for All Students, and School Violence Intervention and Prevention trainings. It is also important to note that individual schools and school districts conduct their own trainings as well, separate and apart from the trainings offered by central DOE.

State Comptroller's Comment – We stand by our assertion that it is important for *all* school staff who have daily interactions with students to be properly trained – not just the licensed professionals and/or certain other staff. Additionally, DOE does not have a mechanism to ensure what types of trainings individual schools and school districts conduct on their own.

Recommendation 3. *Explore ways to maintain appropriate mental health professional staffing levels at all schools.*

Response. The DOE agrees with this recommendation, and we will continue to explore ways to increase these supports in schools, as the report acknowledges we have done in recent years.

Recommendation 4. *Explore ways to utilize an information system to collect, document, and analyze mental health-related information, such as referrals, services, and outcomes, which will allow data-driven decision making.*

Response. The DOE disagrees with the recommendation because the recommended centralized data system for mental health information is untenable and in violation of governing student privacy and health laws and regulations. As shared with the Comptroller's team, the DOE agrees that there are different types of student data that could help inform the planning for and delivery

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of essential mental health and wellness services to students. We noted in our prior discussions with the auditors that while we could not commit to a centralized system for aggregating student mental health data at this time, we were already in the process of rolling out a citywide social-emotional learning assessment tool to better understand the range of student social-emotional competencies and needs. This social-emotional learning data is a valuable tool for better understanding student needs outside of core academic subjects and skills.

DOE implemented the Devereux Student Strengths Assessment (DESSA), a strengths-based assessment of students' social-emotional competencies, in Fall 2021. This social-emotional learning assessment tool is used as a mechanism to better understand each student social-emotional strengths and areas for growth, to identify students who may benefit from targeted support, and to strengthen social-emotional instruction and supports provided to all students. Students with a composite score in the "Area of Need" range are referred to a school's Pupil Personnel Team or comparable team structure, where staff members with social-emotional expertise gather additional information and make a determination about whether additional support is warranted, and if so, what intervention is best suited to each student's unique needs. Although personal and confidential information about the nature of a child's need is not stored in the system, the online learning platform houses DESSA rating data and also contains information about which students received interventions and what interventions were implemented.

At the school level, the system allows for the sharing of information about student social-emotional functioning, interventions assigned, and progress from fall to spring. This includes identifying trends across grade levels or subgroups to inform interventions and supports. At the district and central levels, select users are given access to system level data to identify trends in students' strengths, areas of need, and interventions assigned.

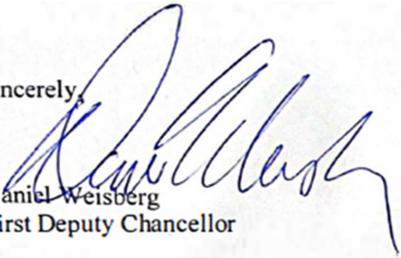
It is important to note that the DESSA is a non-clinical, non-evaluative tool that assesses students' social-emotional strengths in areas such as decision making, self-awareness, relationship skills, and optimistic thinking. It is not a mental health instrument and does not identify the presence of mental health risk factors or symptoms of depression, anxiety, trauma, or related challenges.

State Comptroller's Comment – Throughout the audit, we discussed with DOE the need to establish a data system that would capture mental health information in order to help DOE assess student needs, the supports and services that are working, and so on. We are pleased that, per its response, DOE has recently rolled out a citywide social-emotional learning assessment tool – a mechanism that would seemingly capture data to help DOE and its schools identify students who may benefit from more targeted support as well as identify supports that could benefit all its students.

Recommendation 5. *Promote knowledge sharing among schools, including their solutions for remote mental health monitoring.*

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Response. The DOE agrees with this recommendation in as much as it already promotes knowledge sharing among schools.

Sincerely,

Daniel Weisberg
First Deputy Chancellor

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