



Testimony

to the
Assembly Education Committee
on
School Health, Mental Health and Physical Education
October 23, 2018

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Representing more than 600,000 professionals in education and health care
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*Testimony of
Andrew Pallotta
President
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to the
Assembly Education Committee
Catherine Nolan, Chair
on
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Chairperson Nolan, honorable members of the Assembly Education Committee and distinguished staff, I am Andrew Pallotta, President of New York State United Teachers (NYSUT). NYSUT represents more than 600,000 teachers, school-related professionals, academic and professional faculty in higher education, professionals in education, in health care and retirees statewide.

I thank you for the opportunity to testify today on the state's health, mental health and physical education programs, services, instruction and implementation in our public schools and how we are meeting the state's requirements.

Health Education Curriculum

With respect to the issue of health education, we know it can play an important role in a child's development. In New York State, the learning standards and guidance document provides educators with the necessary tools, skills and knowledge to help our children become happy, healthy, successful adults and to attain life-long wellness.

New York State's youth make choices every day that can affect their health and well-being. The discipline of health education provides a natural foundation for the state standards. It makes a significant contribution to the education and development of the whole child and it embraces a broad range of related skills, concepts and attitudes that prepare students to make good decisions about their health.

The health curriculum requires seven developmental personal and social skills, comprised of multiple sequential subskills. When mastered, they enable individuals to enhance personal, family and community health and safety practices. They also cover nine functional health knowledge areas, which are content specific and are essential for young people to know in order to be safe, healthy and achieve academically.

In addition to the required health curriculum, other new required areas are:

- Instruction in cardiopulmonary resuscitation and the use of automated external defibrillators; the inclusion of heroin, opioid and alcohol abuse; instruction on the prevention and detection of certain cancers; and mental health education.

Furthermore, the New York State Education Department (NYSED) does not mandate but encourages the following to be included:

- Resources and information for school districts and educators regarding the education and prevention of problem gambling; the importance and value of organ and tissue donation; making condoms available to students as part of a district's AIDS instruction program, sepsis education and tick and tick-borne disease in a comprehensive K-12 health education program.

Health Education Recommendations

NYSUT supports the current state standards which are needed to ensure every student is knowledgeable about their overall health. However, we have concerns with the number of topics educators are required to teach within the time frame provided to educate students. Current requirements for health education require students to take a half-year in middle school and another half-year in high school. The health instruction time in middle school and high school equals 54 hours each.

While we support the content and recognize the importance of these topics, educators find themselves in the untenable position of having to lessen the time devoted to each topic. Our members have reported that they must briefly discuss very important subjects with students to make sure they cover the entire curriculum.

Again, we think that all of these topics are important and have merit. NYSUT does recommend, however, that the state review the amount of topics educators are mandated to teach and the amount of time mandated to ensure our students truly have the tools and skills needed to make choices that will enhance and benefit their lives.

Physical Education Curriculum

I would now like to address the issue of physical education. NYSUT recognizes the importance of school districts' compliance with the state's regulatory requirements for physical education.

The importance of regular physical activity cannot be understated, given recent research on the rising number of overweight children in our nation. According to the Centers for Disease Control and Prevention, the percentage of U.S. children and adolescents affected by obesity has more than tripled since the 1970s. Data from 2015-16 shows that nearly one in five school-age children and young people (six to 19 years) in the United States are obese.

While physical education plays an important role in improving the physical development and well-being of our children, it also improves academic performance. Research continues to indicate that children who are physically active and fit tend to perform better in the classroom. Studies also show that regular exercise improves students' concentration and cognitive functioning.

A 2018 audit completed by NYS Comptroller Thomas DiNapoli, which included just 10 school districts, shows there continues to be a problem with compliance in meeting the state's physical education requirements. Only one district (Kenmore-Tonawanda) of those audited, met the minimum physical education minute and day requirements for all elementary, secondary and high school grades. The audit found that nine districts did not provide an adequate amount of physical education to students in grades K-four, and seven did not do so for fifth-grade.

Some district officials explained that they lacked the time for additional physical education classes, faced financial difficulties that limited funding for physical education staff or were simply unaware of the specific requirements.

Some of our members have reported that their school districts are not meeting the physical education requirements in elementary and middle schools. We have also received reports that, in some districts, classes are meeting the time requirements, but they are not meeting the "spirit of the law." This is due to overcrowded classes. In some instances, there are two different classes meeting in a small gym at the same time.

Our members often face the dilemma of how to balance diminished class time allocated to student physical activity and other non-tested subject areas against the current state testing requirements.

Physical Education Recommendations

NYSUT thanks you, Chairperson Nolan, for your leadership in addressing this troubling issue. Specifically, we thank you for introducing legislation (A.2597) that mandates school district compliance with physical education instruction requirements for elementary grades in public schools be reported to the Department of Education. NYSUT looks forward to continuing to work with your office to enact this legislation into law next session.

We also strongly support the enactment of your bill (A.7090) that requires physical education in grades one through six be taught by certified physical education teachers who can provide the best instruction and who have a proper understanding of a student's health, anatomy and physiology.

In addition, NYSUT recommends the inclusion of physical education on the school report card. A school district report card currently contains information on how well the district is performing in various areas including graduation rates and student performance on the grades 3-8 ELA and math assessments and Regents examinations. Parents should know if their district is in compliance with the New York State physical education regulations.

NYSUT firmly believes that both physical education and recess should be part of a child's schedule in elementary school. Physical education classes should not become a replacement for the unstructured playtime of recess. NYSUT also urges the passage of Assemblywoman Pellegrino's bill (A.10449), which requires schools to provide recess for students in pre-kindergarten through sixth-grade under the supervision of school staff or volunteers.

Mental Health Curriculum

With respect to the issue of mental health curriculum, in 2016, New York became the first state in the nation to enact legislation to require K-12 mental health instruction for all students. However, Chapter 390 of the Laws of 2016, did not take effect until July 1, 2018. The NYSED companion guidance document, *Mental Health Education Literacy in Schools: Linking to a Continuum of Well-Being Comprehensive Guide*, was not available to school districts until July 2018.

Since it has only been three months since NYSED guidance was provided to districts and it has been a mere two months since schools have been in session, we are still in the process of gathering information from the field on how school districts are incorporating the new mental health curriculum. To date, our members from across the state have reported that implementation is sporadic and inconsistent. Some districts were already in compliance prior to the law while others are now struggling to figure out how they will integrate the new curriculum. We have heard from some of our members that the implementation of this new curriculum is not even on their district's radar.

We have encouraged our members and districts to take advantage of the resources that the Mental Health Association in New York State has provided to school districts. We believe they have done an excellent job with these materials.

School Health and Mental Health Care Professionals

As schools are tasked with educating their students, they must also provide care that extends beyond classroom instruction in academics. Such care must address students' health, emotional, cognitive and psychological needs on both micro and macro levels. NYSUT believes that these needs can only be adequately met by trained school health and mental health care professionals who possess the qualifications and experience to provide these critical services to our students. NYSUT is concerned that there are not nearly enough health and mental health care professionals in our schools to provide the necessary services to meet our students' needs.

The school health and mental health care professionals I am referring to are nurses, school guidance counselors, psychologists, and social workers. Currently, state education law requires that:

- All school districts (except New York City where the Office of School Health provides such health services) must provide students attending public schools with school health services; and
- School districts (not a school building) must employ either a qualified physician or nurse practitioner to perform the duties of the director of school health services.

A school district may also employ one or more school nurses (RNs) and other health professionals as may be necessary. State law also defines health professionals as those who are duly licensed or otherwise authorized to practice a health profession, and it allows for a certain degree of latitude with such professionals in the schools. NYSUT includes certified and licensed social workers, school guidance counselors and school psychologists under the umbrella of school health professionals (and acknowledges their skills as mental health professionals) who can perform their duties, including health instruction, that complies with their respective practice act. We believe the Legislature fully understands the important role that health and mental health care professionals play in each school community across our state.

Students do not develop independently from the school environment. Rather, their development is a continual blend of their familial, peer/social and school environments. Therefore, they may arrive, attend and leave school with their own individualized set of difficulties, fears, learning issues, anxieties and concerns. If left unchecked or undiagnosed, combinations of these conditions can have a devastating impact on a student's ability to comfortably learn and develop socially and emotionally. School health professionals should be on-site and readily available for students to access in times of need.

School health and mental health care professionals have the combined skills needed to observe, diagnose, counsel, test and treat the wide array of physical and mental maladies, maladaptive behaviors and/or learning disorders that affect students. However, the ability to meaningfully serve the diverse array of students and address these various issues is difficult. These issues are often exacerbated by the lack of qualified personnel in our schools, especially in the poorer communities.

According to NYSED statistics from 2016-17, (the most recent year for which public data is available) the following ratios exist throughout New York's public school districts:

- School nurses – on average there is one school nurse for every 520 students (1:520). There are districts that fall well below this average. In the Brentwood School District, for example, the ratio is 1:9,052.
- School guidance counselors – on average there is one school guidance counselor for every 355 students (1:355). The Islip Union Free School District has approximately a 1:2,800 ratio.

- School psychologists (and psychiatrists) – on average there is one school psychologist for every 547 students (1:547). In Yonkers, however, the ratio is approximately (1:1,000).
- School social workers – The NYSED did not have similar statistics for school social workers. However, a 2015 report by The National Association of Social Workers, *NYS School Social Workers Survival Kit: Social Workers Change Futures*, seeks a “ratio of one school social worker to each school building serving up to 250 general education students, or a ratio of 1:250 students. When a school social worker is providing services to students with intensive needs, a lower ratio, such as 1:50, is suggested.” Based on this data, we can conclude that the current ratios between school social workers and students are disproportionately high and should be reduced.

Medical emergencies and a growing need for health and mental health care professionals is on the rise. For example, health officials have reported a rise in cases of the polio-like illness (acute flaccid myelitis) that attacks the nervous system of young children, leaving many patients with weakness and even paralysis in their arms and legs. The symptoms of the virus are, initially, almost indistinguishable from those associated with the common cold.

Also, within the last year, we have seen a dangerous rise in opioid use and addiction among American children. Sadly, other communities and their school districts had to contend with the harmful ingestion of bacterium from contaminated drinking water, which can result in cholera, jaundice, typhoid and a host of other illnesses. There are also growing concerns with toxic household items – especially items that children have direct exposure to – that can result in long-term untreatable health problems. We must also be prepared to offer medical services to a number of displaced international refugees which we will welcome into our state. It seems apparent that to solely ask for a school nurse to do exhaustive medical work on hundreds of students is both dangerous and irresponsible.

In addition to emergency medical needs, students have mental health needs that should be addressed in a reasonable manner. Unfortunately, students have been forced to witness school shootings nationwide – an event that can come with little or no warning and for which students will likely experience significant post-traumatic stress. The need for additional school mental health professionals is obvious. NYSUT also believes that while these shootings come without direct warning, there are signs that a student may exhibit that could reasonably indicate the contemplation of a violent act. Students should be provided greater access to school health services. These professionals possess the skills and insight needed to assess and detect such warning signs and can help prevent self-destructive behavior or harm to others.

The trauma of school shootings is only one example of why more school health and mental health professionals are needed. On a daily basis, students have to contend with depression, contemplation of suicide, eating disorders, general self-esteem issues and

bullying. The LGBTQ student population, students of color, Muslim-students and female students generally report some type of verbal and/or physical harassment and assaults statewide.

It is apparent to NYSUT that providing suitable access to school health and mental health professionals is an incontrovertible need and we would recommend, as a matter of best practices, employing a sufficient number of these professionals in our schools.

It is also apparent to us that you appreciate the complex and often difficult environments in which our health and mental health care professionals must work. The members of the NYSUT Health Care Professional Council, as well as all NYSUT members, look forward to working with the Legislature and the executive to ensure that all students have the necessary resources to ensure that they receive the highest quality of care possible.

Community Schools

An efficient way to provide increased health and mental health student services is through our community schools. NYSUT appreciates the support the Legislature has made in supporting our public schools and especially our high-needs students through community schools. Community schools provide the best framework to getting the right kinds of health and mental health services to students and their families.

Recently, students at a community school in the Southern Tier successfully petitioned the school district to double the time (now four days) that services were available because they simply needed more help. Their drop-in center is a lifeline for students looking for some friendly faces, needing support during study hall, or maybe just avoiding the difficulties of the high school cafeteria. Due to continued and increased funding for community schools, the state's only multi-county community school initiative has expanded to nearly two dozen buildings in Binghamton, Johnson City, Union-Endicott, Whitney Point, Chenango Valley, Windsor, Harpursville and Broome-Tioga BOCES.

Another example of the good work community schools are doing is in PS 18 in the Bronx, one of the 31 city public schools enrolled in the United Federation of Teachers' Community Learning Schools Initiative. PS 18 has a school-based health center, so a student with severe asthma receives weekly treatment right at the school, which takes about 40 minutes. In the previous school year, that same child was receiving the same asthma treatment from an outside provider, and missed one day of school each week to see their primary provider.

New York City teachers report that it can take two to three months for one of their students to get a mental health appointment with an outside provider, family and clinical services have an even longer wait. Embedding mental health services where children are located, provides more timely access and builds a sense of community since parents trust their schools to do what is best for their children.

NYSUT is a part of the New York State Community Schools Network, a coalition of various stakeholders that support local and statewide community school initiatives. We strongly support the community schools model to assist our communities throughout the state in helping students gain access to services to educate the whole child.

NYSUT urges the Legislature to increase funding for community schools and provide such funding as a Categorical Aid.

4201, 4410, 853 and Special Act Schools

I would now like to talk about our state's special schools. We cannot leave these schools out of this discussion. NYSUT continues to strongly support the missions of 4201, 4410, 853 and special act schools. In providing a "free appropriate public education" to all students, New York State invests in a diverse array of programs to serve the unique educational needs of the state's most vulnerable, traumatized, disabled and marginalized youth. These schools provide education and related services to pre-school-age and school-age students who, for many reasons, are unable to be served by either the local public schools or BOCES.

NYSUT cannot emphasize strongly enough that the significant health and mental health issues affecting many of the students in these schools are disproportionately greater than those in traditional public schools.

NYSUT recommends that the state review the current cost reimbursement formula since it does not adequately reflect the complex and intricate health and mental health needs of these students. Each student should be afforded meaningful support for their emotional health and well-being.

In addition, we recommend that the state work towards achieving educational funding parity with our traditional school districts. Specifically, we urge the Legislature to provide regular, predictable increases in their tuition rates. We also ask the Legislature to both expand the Excessive Teacher Turnover grants and create a new grant program for direct care staff, such as mental health professionals and occupational, speech, and physical therapy staff. These two grant programs would assist in closing the compensation gap between employees in traditional public schools and those employed in these special schools.

Positive Learning Collaborative

Finally, I want to talk about promoting a positive learning environment in our schools. The United Federation of Teachers (UFT) recognized that an inclusive model was needed to improve public school climate, deal with disciplinary issues, adopt culturally diverse teaching methods and create safe spaces where educators are able to teach and children are able to learn. In 2013-14, the UFT teamed up with the NYC Department of Education to

implement the Positive Learning Collaborative (PLC), a model program (now in 19 schools) that gives schools strategies to form positive, engaging environments.

The entire school staff is trained in Therapeutic Crisis Intervention. Every school is assigned a behavior specialist liaison and there are days of intensive coaching support and team development. The work focuses on prevention but when a student is experiencing either academic or behavioral difficulty, all staff members having contact with that student form a team (the teacher, school psychologist, social worker, guidance counselor, speech therapist, family worker and instructional coaches) to address the student's needs and examine possible interventions.

The NYC schools using these PLC techniques are seeing a reduction in suspensions and incidents and an improvement in school climate. Dozens of NYC schools are on a waiting list to join the program. We believe that this program should be replicated in other districts across the state.

Conclusion

Thank you again for the opportunity to provide testimony on these important issues that impact our students, educators and the communities they serve.

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