



## **Testimony of the New York State School Boards Association**

### **Assembly Standing Committee on Education**

**Submitted October 23, 2018**

Good afternoon. My name is Julie Marlette and I am the Director of Governmental Relations for the New York State School Boards Association. I want to start by thanking Assembly Member Nolan for bringing us together today to discuss these important topics.

In New York State, students are entitled to more from their educational experience than the historical “reading, writing and arithmetic.” They are entitled to more than even the demanding and challenging standards that incorporate the skill sets needed today, which include science, technological advances and other emerging fields. However, school districts are also required to provide instruction in physical education, as well as health education, throughout a student’s academic career.

The law requires school districts to provide both health education and physical education to students in elementary, middle and high schools. Health education must include instruction on mental health, comprising of the relationship between physical and mental health, attitudes and behaviors that promote health and the misuse of alcohol, tobacco and other drugs. Physical education curricula must include the promotion of physical activity and useful body skills, safety practices, opportunities for student initiatives and leadership and an awareness of the effects of physical activity on the body.

New York State is the first in the nation to require the instruction of mental health for students in grades K-12. We would like to thank NYSED for the guidance document they released in July to assist schools in this time of transition. The document included a comprehensive framework for mental health instruction complete with benchmarks for specific grade spans. This document will serve as a valuable guide to school districts as they recreate or tweak their health education curricula.

In recent years, we have heard school leaders communicate the changing needs of their students. Districts are facing a growing number of students who arrive at school grappling with physical and mental illnesses

that their families may not be able to address due to inaccessibility of services. Curricula and instruction can help raise awareness and start conversations about these sometimes sensitive topics. As I mentioned earlier, the inclusion of mental health in the health curriculum is an important addition. Districts are also giving increasing focus to the importance and benefits of social emotional learning strategies and school climate.

However, awareness is not all that our students need, nor is it all that our districts want to provide. District leaders want to be able to support students by making available direct services to their students; services that they may otherwise not have access to. There are many ways that school districts can support those services, but there is no single right policy or program. Districts are pursuing the formation of school based health and mental health clinics, or mobile medical and dental vans. Districts are exploring the adoption of community school models, considering the addition of school counselors and revamping physical education programs to ensure there is a clear distinction between physical education delivered in structured ways and the free play young children need during recess.

District leaders are in the best position to determine the most appropriate and effective programs and strategies for their communities. They are charged with balancing the growing needs of their students, while remaining obligated to provide them with a sound basic education. They must make these decisions recognizing that issues of health and issues of education are interwoven. A sick or suffering child will struggle to learn. A healthy child cannot be academically successful if programming is not there. And there may not be the resources to provide both.

The provision of resources is where the state can help. State mandates about what districts should provide and how they should provide it are unlikely to best serve communities. The state must provide districts with the resources they need to support their students in all the ways necessary, while maintaining academic programs. As work begins on the 2019 budget, we ask that you consider the following recommendations:

First, consider the establishment of a dedicated, expense based aid stream to support districts in the delivery of health and mental health services. Such an aid could be a “last dollar” reimbursement, supporting costs that remain after accessing other sources such as Medicaid, and at a ratio that considers the resources already available within the district, similar to the distribution of public excess cost aid.

Second, the state could make all construction of school based health and mental health centers building aidable. While such space can be building aid eligible under certain limited circumstances, districts that lack space and need to add infrastructure to provide services cannot access state support.

Third, create support for community schools outside of Foundation Aid. Not every district is prepared to create a community school; and a top down mandate to establish one while limiting the use of operating aid to support the mandated program is unlikely to result in the desired outcome. On behalf of my members, I urge you to abandon the practice of Foundation Aid “set-asides” and support community schools in addition to, not at the expense of, academic programs.

Fourth, let districts be creative. What works in Alexander, may not work in Yonkers. What works in New York City may not work in Brockport. In densely populated areas with public transit, one method of collaborative service delivery might work. Getting similar services to kids in a different area may require a different approach. Expanding school transportation to allow students to get to the services they need may work better than trying to get the services to the kids in some instances. Allowing aidable transportation to get the kids to the services and then home could help. Exploring better utilization of our BOCES by allowing them greater authority to contract between districts and health providers could help.

Finally, do not ignore the role of nutrition in health – both physical and mental. Great emphasis has been placed on the importance of making more school meals available to students – increasingly at no cost to students. However, it is important to remember that free for students does not mean “no cost.” Someone is paying for the meal. We urge you to support an increase in the state reimbursement rate for school meals to help defray the cost districts are incurring to provide those meals.

I thank you for the time you have granted me on behalf of the New York State School Boards Association and am happy to take any questions you may have.