

Mental Health Training Component of the New York SAVE Act

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Report Highlights

Mental Health Training Component of the New York SAVE Act

Audit Objective

Determine whether the school districts (Districts) used resources to provide the mental health component of the New York Safe Schools Against Violence in Education Act (SAVE Act) training requirement to staff.

Key Findings

The 20 Districts we examined did not provide mental health training to all staff for the 2020-21 school year by September 15, 2020, as required by New York State Education Department (SED) regulations.

In addition, trainings offered by the Districts lacked sufficient content to ensure that staff were, at a minimum, trained on recommended mental health components such as the 10 mental health warning signs, or “whom to turn to” and “how to access crisis support and services.”

- Six of 20 Districts (30 percent) either did not offer training or offered training that did not include any of the 12 recommended mental health components.
- Fourteen of 20 Districts (70 percent) included at least one of the 12 recommended mental health components.

Key Recommendation

Provide mental health training to all staff and ensure it is completed by September 15, as required by SED regulations. Such training should address recognition of the 10 warning signs, whom to turn to for assistance, and how to access appropriate services.

1 8 NYCRR Section 155.17[c][1][xiii]

Background

The SAVE Act was introduced to help improve school safety and it requires school districts to develop a comprehensive district-wide school safety plan (safety plan) that addresses crisis intervention, emergency responses and management. The safety plan developed by each district must include, among other things, policies and procedures for annual school safety training for staff and students.

Generally, district officials are required to provide the school safety training, including a component on mental health to all staff annually by September 15.

School districts must also certify to the SED Commissioner that all staff have undergone the school safety training, which must include a component on mental health¹ and the date the training was provided.

This global report details significant mental health training issues we identified.

Quick Facts

Districts Audited (Appendix A)	20
Student Enrollment	39,780
Staff Total	10,185

Audit Period

July 1, 2020 – June 30, 2021. As described in Appendix C, for certain training material review we extended the audit period.

Mental Health Training

School personnel are often the first to notice mental health problems and to support the mental health of a district's students. Providing staff with training can assist staff in understanding the signs and symptoms of the most common mental illnesses and being better prepared to identify problems early. A United States Surgeon General advisory issued in December 2021 on the Youth Mental Health Crisis reported that several national surveys of youths have shown major increases in certain mental health symptoms.² For example, from 2009 to 2019, the number of high school students reporting persistent feelings of sadness or hopelessness increased by 40 percent, while those seriously considering attempting suicide increased by 36 percent. Further, a November 2020 report from the United States Centers for Disease Control and Prevention (CDC) indicated that beginning in April 2020, the proportion of children's mental health-related emergency department visits among all pediatric emergency department visits increased and remained elevated through October.³ Compared with 2019, the proportion of mental health-related visits for children aged five to 11 and 12 to 17 increased approximately 24 percent and 31 percent, respectively.

What Is the Mental Health Component of the SAVE Act Training for All Staff?

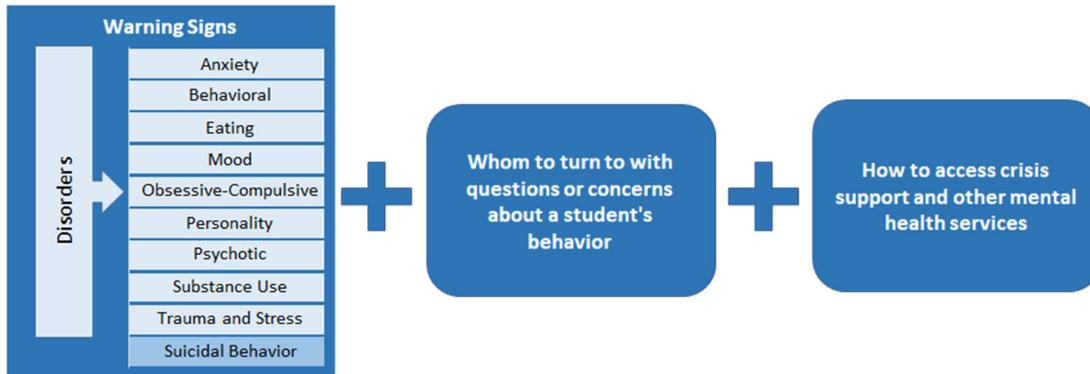
The SAVE Act requires that all districts provide staff annual emergency response plan training with a component on mental health. While the SAVE Act and SED requirements state that the annual school safety training must include a component on mental health, neither the SAVE Act nor SED requirements directly address what topics should be included within the mental health training component. Rather, SED issued guidance to all school districts that included resources relating to mental health. Included within the resources was information from the United States Department of Health and Human Services (DHHS) addressing "what educators should know" regarding warning signs of mental health problems, "whom to turn to," and "how to access crisis support and other mental health services" (Figure 1).

² <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

³ <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6945a3-H.pdf>

FIGURE 1

What Educators Should Know^a



a) United States Department of Health and Human Services

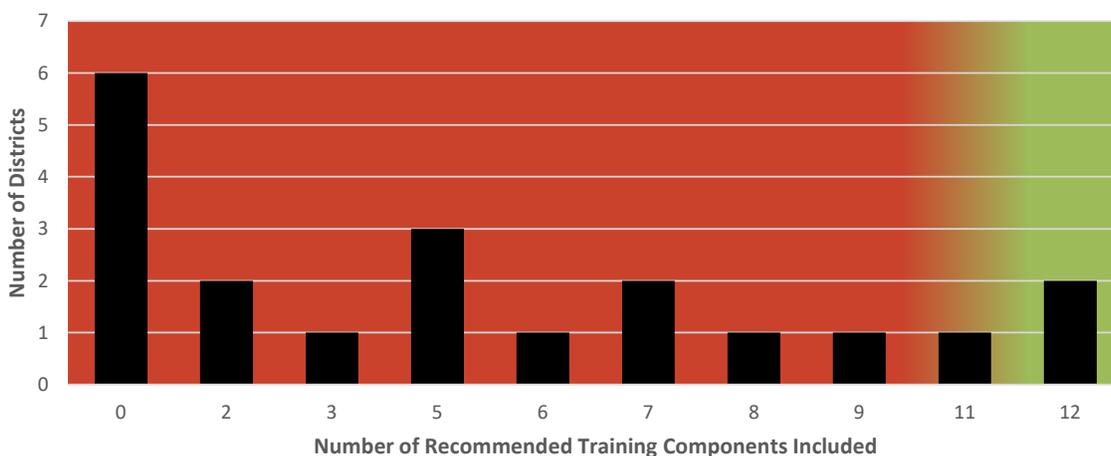
Based on SED guidance, as a best practice, at a minimum, staff should be trained on the DHHS recommended mental health components of “what educators should know.”

Not All District Trainings Included Recommended Mental Health Components

We audited 20 Districts in New York State and found 18 (90 percent) of the Districts either did not offer training or offered training that lacked some or all the recommended mental health components that educators should know (Figure 2).

FIGURE 2

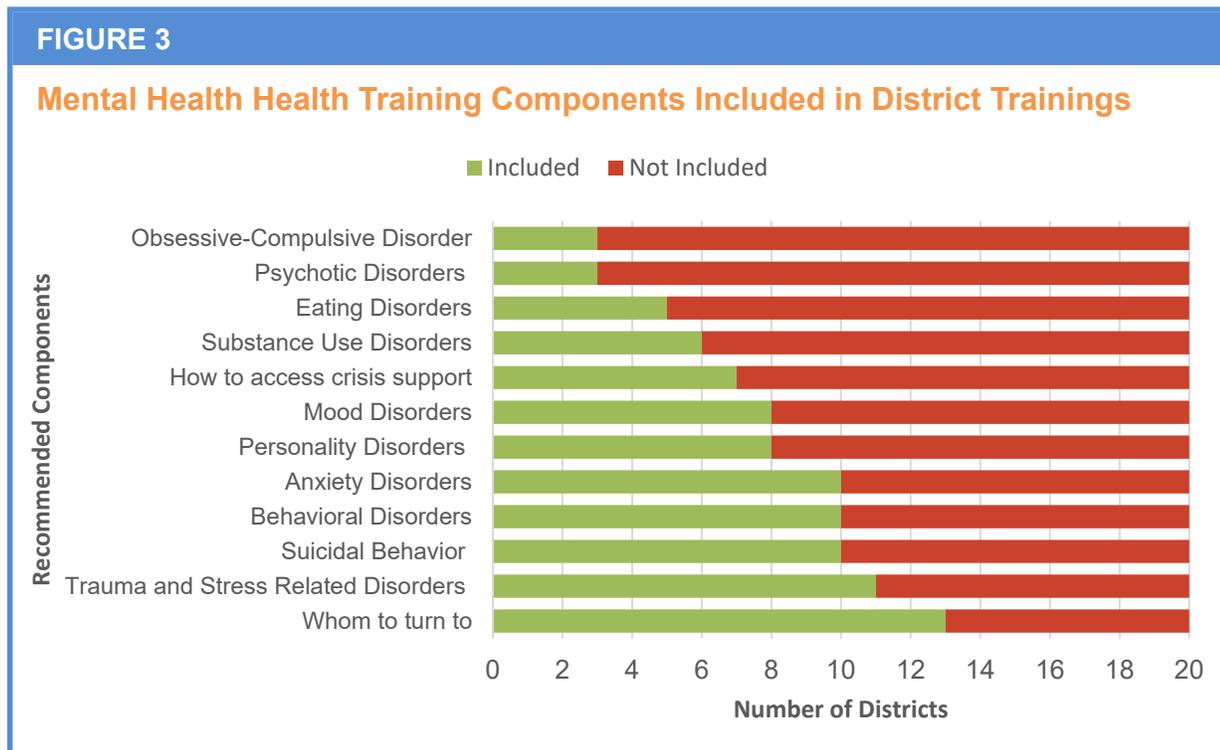
Recommended Components Included in Trainings By Districts



For example:

- Six Districts (30 percent) did not offer training that included any of the 12 recommended mental health components.
- Twelve Districts (60 percent) offered trainings that included at least one but not all of the recommended mental health components.
- Two Districts (10 percent) offered training to staff that included all recommended components.

The most common component included within the training materials reviewed at each of the Districts was “Whom to Turn to” (Figure 3). Thirteen of the 20 Districts included information in training materials regarding resources and personnel whom staff could contact with mental health concerns they may identify in students. Only seven of the Districts provided guidance on how to contact crisis support resources. Trauma and stress-related disorders was the most addressed warning sign in trainings offered with 11 of the Districts including it in their training materials. The remaining nine disorders were addressed by 10 or fewer Districts.



District officials provided varied explanations for why the recommended components were not included in training content provided to District staff.

- A lack of awareness of the mental health components recommended by DHHS.
- A lack of clear guidance from SED on the required SAVE training.
- Mental health training to meet the requirement was provided throughout the year, instead of by September 15, as required.
- A lack of trainer knowledge about specific disorders.
- Relying on the vendor who was contracted to provide the SAVE Act training to include a component on mental health.

However, when District officials are unsure of the recommended content of a required training, they should seek guidance from SED.

It is imperative, especially during the COVID-19 pandemic, that staff be provided training on warning signs that may be an early indicator of mental health issues and concerns. A United States Surgeon General advisory in 2021 expressed that the mental health challenges in children, adolescents and young adults has been further exposed by the COVID-19 pandemic.⁴ For example, according to the CDC, emergency department visits for suspected suicide attempts among adolescents increased 31 percent from 2019 to 2020.⁵

No District Provided Training With Recommended Mental Health Components to All Staff by September 15

We found that none of the 20 Districts ensured that all staff completed the required mental health training component by the September 15 deadline. Despite the SED requirement that all staff undergo annual mental health training as a component of the school safety training, some schools offered the mental health training component only to select groups. For example, in one District, custodians were exempted from the mental health training component, while substitutes and coaches were not included at another District. Others limited the mental health training component to instructional staff or to certain building staff.

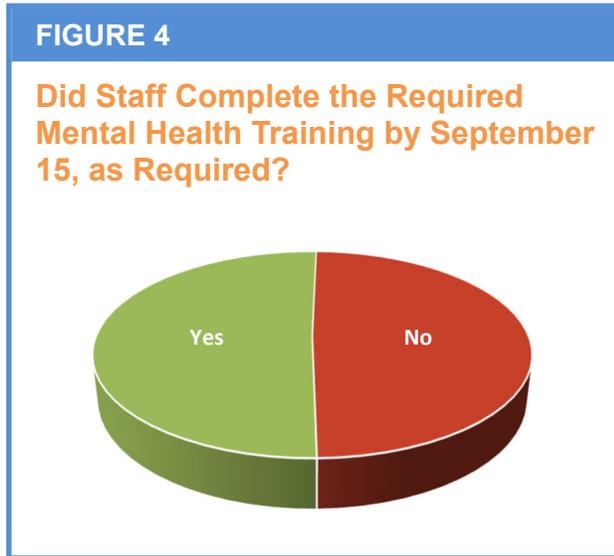
For the 14 Districts that maintained records for trainings offered, we found not all Districts ensured staff were trained, with respect to the component on mental health, by September 15. Of the 14 Districts that offered training that included at least one recommended mental health component, five Districts maintained records supporting which staff attended the training. The other nine

...[N]one of the 20 Districts ensured that all staff completed the required mental health training component by the September 15 deadline.

4 <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

5 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>

did not maintain records. Of the 320 staff training records we reviewed at the five Districts, 162 staff (51 percent) completed the mental health training by September 15, 2020; the other 158 staff (49 percent) did not (Figure 4).



Staff who did not complete the mental health training by the required date included:

- Teachers, assistants, aides, substitutes, coaches,
- Nurses,
- Principals, Assistant Principals,
- District Superintendents,
- Counselors, administrators, technology staff,
- Bus drivers, clerical workers, custodians, food service, maintenance and other non-instructional staff.

District officials generally told us there was a lack of monitoring to ensure all employees completed the mental health training and that the COVID-19 pandemic resulted in extra time being allotted beyond the required date to complete such training. In addition, officials from 17 Districts told us that the COVID-19 pandemic resulted in them focusing their attention on returning students to school safety for in person learning.

Training staff in a timely manner can assist in identifying mental health issues in students early on to get help when needed and potentially avoid having to react to crisis situations or emergencies.

What Do We Recommend?

District officials must:

1. Provide mental health training to all staff and ensure it is completed by September 15, as required by SED regulations. Such training should address recognition of the warning signs, whom to turn to for assistance and how to access appropriate services.

Appendix A: School District Information

Figure 5: School District Information

School District	Total Number of Mental Health Components Included in Training	Total Student Enrollment (Rounded)	Total Staff (Rounded)
Belleville Henderson CSD	0	490	160
Burnt Hills-Ballston Lake CSD	12	3,080	800
Canandaigua City SD	12	3,310	910
Coxsackie Athens CSD	7	1,190	325
Crown Point CSD	9	320	70
Dover UFSD	0	1,340	320
Eden CSD	0	1,310	410
Goshen CSD	11	2,820	720
Greenport UFSD	7	650	170
Harborfields CSD	2	2,925	720
Livonia CSD	3	1,470	450
Malone CSD	5	2,315	480
Port Washington UFSD	6	5,360	1,150
Rye Neck UFSD	2	1,520	290
Schalmont CSD	8	1,750	410
Seaford UFSD	5	2,185	630
Unadilla Valley CSD	0	795	240
Waverly CSD	0	1,490	400
Wellsville CSD	0	1,110	380
West Genesee CSD	5	4,350	1,150
Totals		39,780	10,185

Appendix B: Responses From School District Officials

We provided a draft copy of the global report to all 20 Districts we audited and requested a response from each. We received five written responses. Fifteen Districts chose not to respond (Belleville-Henderson, Burnt Hills-Ballston Lake, Coxsackie-Athens, Crown Point, Eden, Goshen, Greenport, Harborfields, Malone, Port Washington, Rye Neck, Schalmont, Unadilla Valley, Waverly and Wellsville).

Canandaigua City School District and Livonia School District officials provided comments that were specific to their own Districts and were not included in this appendix. The following comments were excerpted from the three written responses that addressed the draft copy of this report.

Dover School District officials said:

“The audit period...took place in the height of COVID when the priority was the physical and social/emotional safety to allow for students and staff to return to school in person in September. During this time, it was necessary to get staff up to speed with all COVID protocols and procedures...as well as address the high levels of anxiety in staff, parents and students.”

“...[W]ith teachers scheduled to return to school during the first week of September, the opportunity for this training is limited to less than two weeks to meet the [September 15th] deadline.”

“While the District understands the importance of this training, New York State continues to add annual educational requirements that must be met by all school districts; the time required for these trainings continues to grow. It would be very beneficial for school districts to have some of these trainings required every other year, rather than annually ... allow[ing] for more in-depth, meaningful training. ...”

Seaford School District officials said:

“...[R]esources from the US Department of Health and Human Services website entitled, What Educators Should Know. ...[H]ad not been updated since 2016 and many of the links are no longer active.”

“In looking at the SED Guidance document, we interpret the spirit of the document to provide educators with resources to choose from when developing and delivering mental health training. ...”

West Genesee School District officials said:

“We strongly believe a broader scope of the audit would more accurately reflect the history of training ...the time period analyzed was during a historic anomaly that impacted all areas of society including that which is its epitome; education.”

“Uncertainty as to whether schools could even operate in person was at the forefront of every school district. ...NYS missed a significant opportunity to address mental health and mental health training at that time. Rather than a

reactive approach, i.e., focus on an audit of a specific time-period especially during an historic pandemic, NYS should have taken on a proactive approach to help guide districts in navigating this period of uncertainty.”

“NYS failed to offer solutions, including methodology and delivery that would have served the unique and unprecedented time period that could have positively impacted...all NYS districts. ...”

“NYS must commit to continued guidelines to prioritize districts ability to engage our staff in the increasingly vital component of mental health needs. ...”

Appendix C: Audit Methodology and Standards

We conducted this audit pursuant to Article V, Section 1 of the State Constitution and the State Comptroller's authority as set forth in Article 3 of the New York State General Municipal Law. To achieve the audit objective and obtain valid audit evidence, our audit procedures included the following:

- We selected 20 school districts for the audit using a random number generator applied to a list of districts, broken out by five geographic regions (excluding NYC schools), not currently in the OSC audit process at the time of selection. The list was broken out by geographic region for an even representation of school districts across the State for this multi-unit audit.
- We interviewed District officials to gain an understanding of the process for creating, disseminating and monitoring mental health training for staff. We interviewed District officials to gain an understanding of the District's computer systems used for creating, disseminating and monitoring mental health training provided to staff (if applicable).
- We reviewed relevant State laws and regulations, and guidance from SED and the DHHS. We reviewed District policies to gain an understanding of required mental health training.
- We reviewed school board minutes for the 2020-21 school year to determine the school board action taken related to District-wide safety plans or required mental health training.
- We requested and reviewed records supporting the Districts' 2020-21 certification to SED that required annual training with a component of mental health.
- We reviewed and tested the mental health training materials provided by the Districts (if applicable) to determine whether training on mental health followed recommended DHHS guidance. We documented when training materials were not retained by the Districts. We extended the scope forward to August 12, 2021, August 19, 2021, October 6, 2021, October 26, 2021 and November 15, 2021 to include the date the auditor observed 2021-22 school year training material which was offered during the 2020-21 school year for select Districts.
- We determined the total number of individuals employed by the Districts during our audit period, by obtaining and reviewing an employee listing.
- If training was offered that met any of the recommended mental health components and records of completion were maintained, we drew samples to test training completion. Using the Districts' employee listings, we grouped all employees by job type, specific (Superintendent, Principal, Assistant Principal and Counselors), teachers and other staff. We used a biased selection method and random number generator to select a sample of 10 percent of the total staff from each District, consisting of all employees in the

specific category, and the remainder split evenly between the teachers and the other staff, to determine whether employees completed required trainings according to job titles. Employees hired after September 15, 2020 were not included in the sample. We documented when training completion records were not maintained by the Districts.

We conducted this performance audit in accordance with generally accepted government auditing standards (GAGAS). Those 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 objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Unless otherwise indicated in this report, samples for testing were selected based on professional judgment, as it was not the intent to project the results onto the entire population. Where applicable, information is presented concerning the value and/or relevant population size and the sample selected for examination.

Appendix D: Resources and Services

Regional Office Directory

www.osc.state.ny.us/files/local-government/pdf/regional-directory.pdf

Cost-Saving Ideas – Resources, advice and assistance on cost-saving ideas

www.osc.state.ny.us/local-government/publications

Fiscal Stress Monitoring – Resources for local government officials experiencing fiscal problems

www.osc.state.ny.us/local-government/fiscal-monitoring

Local Government Management Guides – Series of publications that include technical information and suggested practices for local government management

www.osc.state.ny.us/local-government/publications

Planning and Budgeting Guides – Resources for developing multiyear financial, capital, strategic and other plans

www.osc.state.ny.us/local-government/resources/planning-resources

Protecting Sensitive Data and Other Local Government Assets – A non-technical cybersecurity guide for local government leaders

www.osc.state.ny.us/files/local-government/publications/pdf/cyber-security-guide.pdf

Required Reporting – Information and resources for reports and forms that are filed with the Office of the State Comptroller

www.osc.state.ny.us/local-government/required-reporting

Research Reports/Publications – Reports on major policy issues facing local governments and State policy-makers

www.osc.state.ny.us/local-government/publications

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