Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Mental Health, Disabilities and Addiction

on

Youth Mental Health

November 3, 2022
New York, NY

Good afternoon, Chair Lee and members of the Committee on Mental Health, Disabilities and Addiction, and Chair Stevens and members of the Committee on Youth Services. I am Dr. Michael T. McRae, Acting Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (Health Department). I am joined by my colleague Marnie Davidoff, Assistant Commissioner for the Bureau of Children, Youth, and Families. Thank you for the opportunity to testify today about the mental health of youth in New York City. I would also like to introduce our city partners who are here with us today. From the Department of Youth and Community Development (DYCD), Deputy Commissioner Susan Haskell and from the Office of Community Mental Health (OCMH), Director Eva Wong.

As our Commissioner has made clear, the second pandemic of mental health concerns is one of the top public health priorities for the City of New York. Chief amongst these priorities is our youth mental health crisis. As a parent myself – and I know the Commissioner shares this sentiment as a father – there are clear and observable ways in which the mental health and wellbeing of every child has been negatively impacted by COVID. Some of these impacts show up in our data, while others show up in our everyday lives as parents, caregivers, and as keepers of our city's children.

A year ago, the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children's Hospital Association (CHA) jointly declared a national state of emergency in children's mental health in response to the alarming rates of youth experiencing pandemic-related emotional distress.[i] A few months later, the U.S. Surgeon General issued a rare Advisory on the Youth Mental Health Crisis calling for urgent action on this crisis.[ii] At the White House, the Biden-Harris administration has centered this issue within their larger mental health agenda.[iii] These trends were also evident in New York City, where the COVID-19 pandemic (Pandemic) had, and continues to have, a substantial effect on the mental health of children and youth.

The COVID-19 pandemic disrupted school and other social activities critical to children's well-being and development. The Pandemic also led to greater insecurity in housing, food access, and community safety for many families, which are important social determinants of mental health. This is to say nothing of the direct trauma our children have faced: according to one study, an estimated 8,600 NYC children lost a parent during the pandemic,[iv] an event which can have profound psychological, social, and economic effects for young people and their families now and into the future. At the time of the survey in 2021, 28% of adults with children in their household reported the emotional or behavioral health of at least one child had been negatively affected by the pandemic in the past two months.[v]

Our mental health providers have reported sharp increases in the number of youth experiencing acute crises, and have shared their challenges in meeting the increased demand for care. We have observed an increase of referrals to our Children's Mobile Crisis Teams: referrals were higher in 2021 than prior to the onset of the Pandemic, a trend which has continued in 2022. While we are happy to report that we have been able to meet this increase in need, the uptick in demand for youth crisis services will place strain on our mobile crisis teams and on our city's mental health system if it continues in this direction at this pace.

Unfortunately, Black, Latinx, and Asian New Yorkers have experienced disproportionate health and social burdens from the Pandemic, and mental health is no exception. This is on top of racial disparities in youth mental health predating the pandemic. While we are still awaiting final data, pre-pandemic, between 2009 and 2019, there was a significant increase in the percentage of Asian, Black, and Hispanic students who reported having seriously considered attempting suicide in the past 12 months. Despite a broader decrease in the percentage of public high school students that reported having attempted suicide in the prior twelve months, the percentage for Black students increased between 2013 and 2019. Given these data and what we currently know about the mental health and social consequences of the pandemic,

we are closely monitoring these trends. We have not allowed these data lags and paucity of information to stymie action.

But, before I talk about our work, I want to share framing which may help elucidate both challenges and opportunities. As you may know, much like the healthcare and adult mental health system, the youth mental health landscape is large, complex, and made up of both public and private systems. Oversight and administration of the treatment system in NYC is largely conducted by the NYS Office of Mental Health. The Health Department works closely with the State in carrying out certain functions; and we also work alongside several NYC agencies in administering elements of the youth mental health system, including to close gaps in services, and support children and families at times and in places where they might most want or benefit from services. We also rely on a large and complex array of community-based mental health care providers to deliver youth mental health services. This is to say nothing of youth mental health programs in schools, after-school programs, athletics, at home, and other places where children spend the majority of their time. In this way, the youth mental health system does not look or operate like a traditional health care system that focuses mainly on bricks and mortar care in clinical facilities. Rather, it is designed to meet children and families where they are, with the services they need, where they need it, which take various forms, as described above.

As a result of this complexity, entry points into youth mental health care are similarly complex. While it's good to know there is an attempt to facilitate 'no wrong door' into help, it's important that children and families know where they can turn for help when they need it, NYC Well can help youth, parents and other child-serving systems navigate to the right level of care. NYC Well or the National Suicide Prevention Hotline, 988, can also provide support in the moment to a youth in crisis connections to treatment and services, and referrals to mobile crisis teams; clinicians can access our Children's Single Point of Access (C-SPOA) system to make referrals; and many of our sibling agencies like DOE, ACS, and DHS each have systems set up to connect children and families with mental health supports and services.

From the start of the Pandemic, the City and the Health Department has been working directly with our contracted behavioral health service providers in a few key ways. First, to help them transition to telehealth and virtual platforms. Second, to identify new ways to deliver services and keep clients engaged. Third, to share information, resources and conduct trainings to support providers' ongoing operations, covering topics such as managing staff burn-out, grief and loss, and more. Fourth, we helped create a platform to address staffing needs many providers were experiencing at the time.

We also worked to expand bereavement services and supports for children who lost a parent or caregiver by increasing the following services:

- Screening and referral for children and families;
- Short term loss and bereavement support groups;
- Education for mental health providers, teachers, agency administrators;
- Coaching/office hours for any staff person working with bereaved children.

We also trained 120 Public Health Corps members on childhood grief and where to refer bereaved families in need of support—these team members were deployed in community based organizations in the most affected neighborhoods.

The City has also worked in a coordinated way, under the Health Department's leadership, to reach youth and families and make connections to services and build resilience. With the Mayor's Office of Economic Opportunity and the City University of New York's Center for Innovation in Mental Health, we have

partnered with community-based organizations (CBOs) to improve access to mental health resources for youth. This initiative will train CBO staff to identify and support mental health needs of youth and young adults ages 13 to 21. The Health Department has made 12 of 33 awards to date, and trainings will begin this fall.

Recognizing that schools are a critical venue through which to identify and address youth mental health needs, we are working closely on a multi-agency effort to develop a School Mental Health Continuum project to integrate mental health services and support for students, their families and school staff at 50 DOE schools located in Brooklyn and the Bronx. These schools will receive clinical services, education on available resources in the children's mental health system, such as NYC Well and Children's Mobile Crisis Teams, and training in collaborative problem solving, which is an evidence-based approach to engaging and building relationships with youth who are demonstrating challenging behaviors.

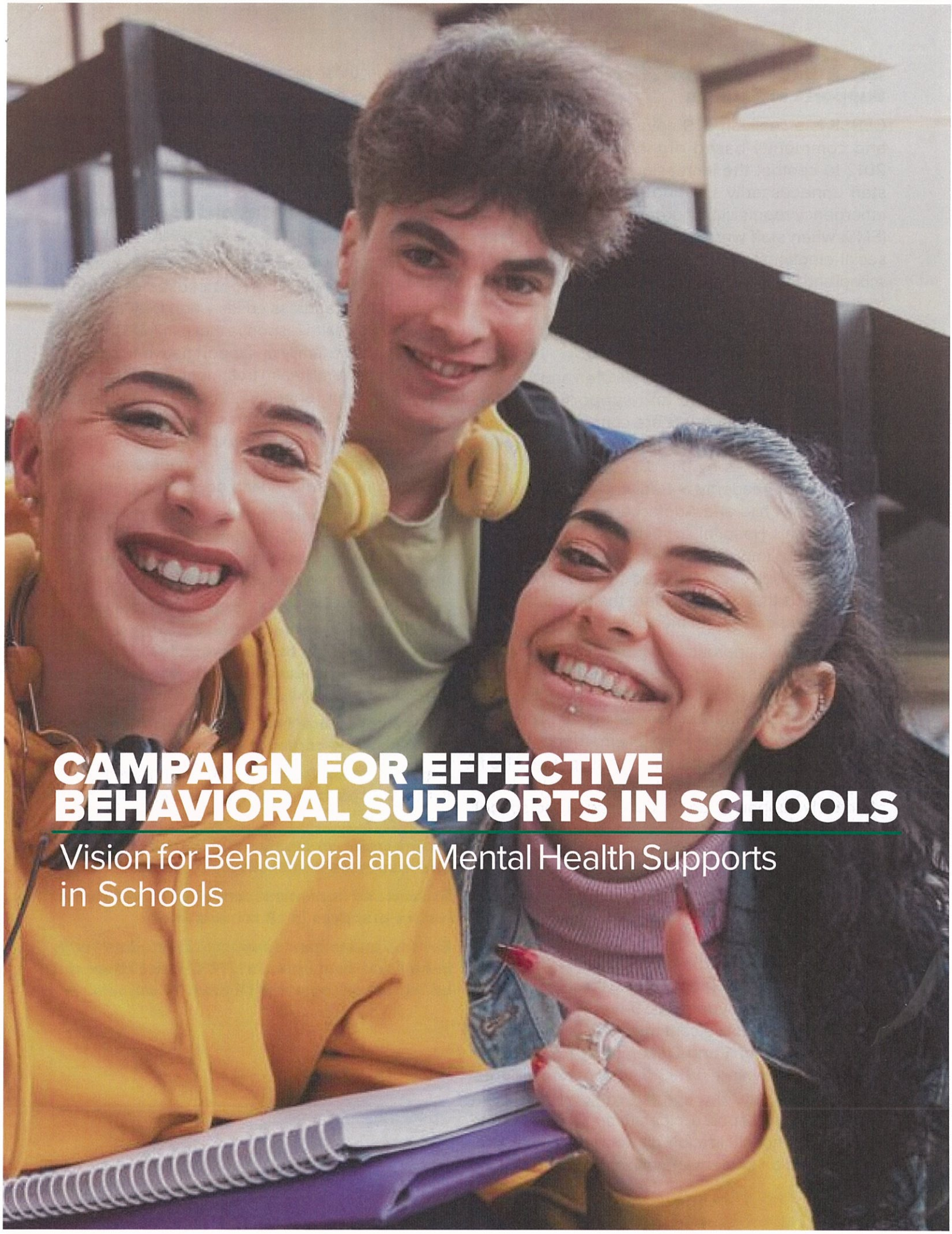
In support of the Adams Administration's commitment to addressing the youth mental health crisis and under the leadership of Deputy Mayor Anne Williams-Isom and Commissioner Vasan., the city has been leading an interagency and multistakeholder working group tasked with developing the city's first framework on child, youth, and family mental health in three decades. The framework, to be released in early 2023, will be centered on creating and strengthening a system of care in New York City for children and youth with behavioral health needs and their families/caregivers, which is rooted in prevention, early detection and treatment, equity, and delivered when, where and how children and families need them.

I would also like to note that the Adams Administration has taken an upstream approach to our city's youth mental health crisis through critical investments in early childhood and youth employment opportunities. The $100 million commitment for a forthcoming Childcare Quality and Innovation Initiative announced in May is an investment in the ability of caregivers and parents to provide support and care for their children while giving them the social and economic opportunities they need to provide for their families. Similarly, the expansion of the Summer Youth Employment Program by more than 15,000 slots is in many ways an investment in the present and future wellbeing of young people by providing economic and social opportunities to youth who wouldn't otherwise have it. Both of these programs are mental health bonds: investments today in the long-term wellbeing, resilience, and mental health of our children and their families that will pay off for years to come. This is exactly the kind of comprehensive approach that is needed to address this ongoing crisis: the solution will be upstream and downstream, in prevention and care, and will live in health and social economic arenas that are protective factors for health, mental health and wellbeing.

I want to take a moment once again to point to my colleagues from DYCD who will be able to speak to the work they are doing upstream to promote mental health among youth and communities, especially those of color, through program engagement, professional development and training, technical assistance, resource-sharing and special projects, including work to support Runaway and Homeless Youth.

These are just highlights of work currently underway to address mental health needs of youth and families in NYC. We remain committed to using data to identify and address the mental health needs of New Yorkers, no matter their age, and remain committed to closing health disparities caused by structural racism. We also rely on the feedback of our community partners and City Council to advance our work. With that, I want to thank you for your continued partnership, feedback and support, my colleagues and I are happy to take your questions.

[i] https://www.aacap.org/App_Themes/AACAP/Docs/press/Declaration_National_Crisis_Oct-2021.pdf
[ii] surgeon-general-youth-mental-health-advisory.pdf (hhs.gov)
[iii] https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/
[iv] https://www.thecity.nyc/2022/4/20/23033998/1-in-every-200-children-nyc-lost-parent-covid-twice-national-rate
[v] https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf



CAMPAIGN FOR EFFECTIVE BEHAVIORAL SUPPORTS IN SCHOOLS

Vision for Behavioral and Mental Health Supports in Schools

About the Campaign for Effective Behavioral Supports in Schools

CEBSS is a coalition of 9 advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services (EMS) when staff were unable to address students' social-emotional needs. We aim to keep students in school and learning in their communities by advocating for investments in school-based behavioral support systems and policies, such as trauma-informed and healing-centered approaches.

It is more critical than ever that children and families are welcomed into safe and supportive school environments and students are connected with the direct mental health services they need. As highlighted in recent advisories by the U.S. Surgeon General, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association, the COVID-19 pandemic has impacted the mental health and well-being of all children, exacerbated unmet youth mental health needs that existed before the pandemic, and spurred a national youth mental health crisis.

New York City's approach to addressing the social-emotional needs of students in schools has been fragmented and woefully deficient. Advocates and mental health providers still see an alarming number of students sent to local hospital emergency rooms, subjected to police intervention, or suspended from school for student behavior that can and should be effectively supported and addressed at the school level. In the 2018-2019 school year alone, the NYPD reported 3,544 "child in crisis interventions" in which a student displayed signs of emotional distress, was removed from school by police, and was sent to a hospital for a psychological evaluation. Of these students, 47% were Black despite Black students accounting for only 25% of the total NYC public school population. Moreover, during these transports, some students as young as 5 were handcuffed. This horrifying practice continues today: in fall 2021, between October 1 and December 31, the NYPD reported intervening in 653 instances of students in emotional crisis. Through our work we know the traumatic impact of police intervention, EMS transport, unnecessary hospitalization, classroom removal, and suspensions on students, families, and school staff. Furthermore, these responses do nothing to address the root causes of student behavior, reduce time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the juvenile/criminal legal system.

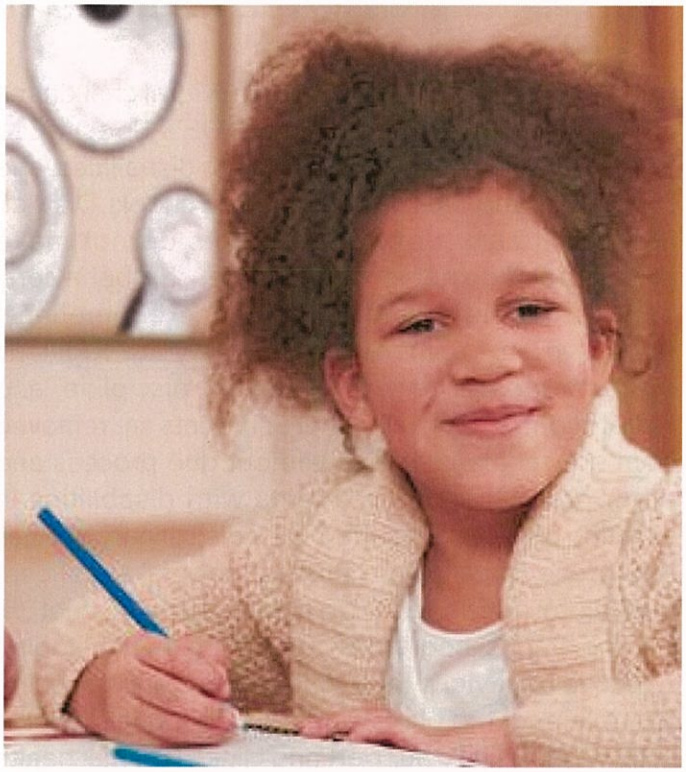
CEBSS Recommendations for Increased Behavioral Supports in Schools

Schools need key resources to prevent emotional crises by addressing the root causes of student behavior and to address crises when they do occur using a public health response that minimizes trauma and connects the family or support network to timely, effective behavioral health treatment. The City needs to create a comprehensive, integrated system of behavioral and mental health supports for students that leverages cross-agency collaboration. To ensure schools have adequate resources to address students' behavioral and mental health needs, the city must:

- **Follow recommendations made by the Healing-Centered Schools Task Force, which recognize that social-emotional well-being is a necessary ingredient for learning;**
- **Fully implement and scale up the Mental Health Continuum, a model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics;**
- **Ensure behavioral health services for students are effectively communicated to all families;**
- **Expand access to school-based mental health clinics and partnerships with community-based providers;**
- **Ensure social workers in schools have the support and resources to effectively serve students;**
- **Expand and implement school-wide restorative justice practices in all schools; and**
- **Revamp and enhance supports for students with behavioral disabilities in NYC District 75 special education schools and District 79 schools.**

Follow recommendations made by the Healing-Centered Schools Task Force*

Healing-centered schools are schools that have removed harmful structures like punitive discipline, school policing, metal detectors, and exclusionary or biased curricula and have intentionally adopted—through community-led processes—trauma-responsive classroom practices, integrated mental health and wellness supports, school-wide restorative and supportive practices, parent and student engagement, anti-racist and culturally-responsive curricula, strengths-based learning, and opportunities for enrichment and creative expression. Healing-centered schools are not one size fits all – they are holistic learning environments that have undergone an individualized, whole-school culture shift co-created through the valued input of students, parents and caregivers, and staff.



Fully implement and scale up the mental health continuum for students with significant mental health needs

Last year, the City allocated $5 million for a promising model called the Mental Health Continuum, for integrating a range of direct services and developing stronger partnerships with hospital-based mental health clinics to provide more effective and efficient supports for students with significant mental health needs. However this funding was only provided for FY22. This model aims to meet the needs of students with significant mental health challenges in the schools and neighborhoods with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. The Mental Health Continuum represents the first ever cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. The City allocated only one year of funding for the Mental Health Continuum in 50 high-needs schools in the South Bronx and Central Brooklyn. The funding will expire in June 2022. This is an essential initiative for youth in these schools and vital to meet their critical mental and emotional health needs.

Ensure behavioral health services at each public school are effectively communicated to families

While mental health and wellness programs and services are offered at each school and different approaches are used depending on various factors, many parents and students are unsure where to turn when seeking behavioral and mental health services in schools. The DOE should make clear the mental health services available in each school, the populations they are designed to serve, and the processes for accessing them, in readily-available materials to parents, caregivers, and communities both on school websites and school choice guides. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.

Expand access to school-based mental health clinics and partnerships with community-based mental health providers

There are approximately 280 schools with a School-Based Mental Health Clinic, out of 1,866 schools (approx 15%). We must increase access to this vital support and provide ongoing support to existing clinics so that more students have access to timely, ongoing mental health care at school, and schools have the support of trained clinicians when working with students with mental health needs. Given the current crisis in youth mental health, our students

* Healing-Centered Schools Task Force, Recommendations to Bring Healing-Centered Education to New York City Public Schools During the 2021-22 School Year (July 2021), https://advocate.nyc.gov/static/assets/HCSTF%20Recommendations%20Report.pdf.

need timely, effective direct mental health services in school. School-Based Mental Health Clinics and school partnerships with community-based mental health clinics have proven to eliminate barriers that prevent young people and families from seeking mental health care by providing services onsite in schools. In addition to providing ongoing therapeutic services to students, school-based mental health clinicians and community providers work directly with school staff to coach them in strategies to support students in the classroom, prevent behavioral challenges, and better respond when behavioral issues and crises arise.

Ensure social workers in schools have the support and resources to effectively serve students

We applaud the City's hiring of 500 new social workers to support students this school year. Now, more than ever, our students need staff in schools who can provide direct support to meet their social-emotional needs. While we support this investment in our students and school communities, we recommend that the DOE: ensure social workers have access to clinical supervision; limit social workers' responsibilities solely to providing direct services to students, as opposed to programmatic or administrative duties; and provide opportunities for professional development and culturally-relevant training.

Expand and implement school-wide restorative justice practices in all schools

To fulfill their commitment to students, the City must expand and complete the full implementation of school-wide restorative justice practices in all schools. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

Revamp and enhance supports for students with behavioral disabilities in districts 75 and 79

Currently, many students with behavioral challenges are referred to District 75, the DOE's Specialized School District only for students with disabilities, and District 79, the DOE's Alternative Schools District. However, many of these students do not make progress and do not receive the intensive behavioral and mental health support they need in the least restrictive environment. Instead, they are regularly subjected to policing, exclusionary discipline, and illegal informal removals, where students are removed from educational settings without due process and other protections for students with disabilities in violation of the law and the DOE's disciplinary policies and procedures. Given these students' significant behavioral needs, the DOE must provide District 75, 79, and other school staff with training on developing effective behavioral intervention plans and coaching to implement the plans, and provide these students with individualized support and clinical mental health services in the least restrictive setting.

Organizations in CEBSS

- Advocates for Children of New York
- Bronx Defenders
- Brooklyn Defender Services
- Citizens' Committee for Children of New York
- INCLUDEnyc
- MHA of NYC, dba Vibrant Emotional Health
- Citywide Oversight Committee Family Co-Chairs
- The Legal Aid Society
- Legal Services NYC (Bronx Legal Services, Brooklyn Legal Services, Queens Legal Services, and Staten Island Legal Services)

PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEES ON MENTAL HEALTH, DISABILITIES AND ADDICTION AND YOUTH SERVICES
NOVEMBER 9, 2022**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I would like to thank Chairs Lee and Stevens and the members of the Committees on Mental Health, Disabilities and Addiction and Youth Services for holding this important hearing.

In the 1990s, the most dangerous risks youth faced included alcohol use, drunk driving, smoking, drug use, and pregnancy. Now, three decades later, young people are experiencing rising rates of mental health disorders and challenges. In 2019, 13 percent of adolescents reported having a major depressive episode, a 60 percent increase from 2007.[1] Similarly, suicide rates for people ages 10 to 24 increased nearly 60 percent from 2007 to 2018. While the stress and trauma of the pandemic has intensified mental health issues in young people, the decline in mental health among our youth predates COVID. In December of last year, the US Surgeon General issued a rare public advisory warning of the mental health crisis.[2]

In New York, approximately one out of every five children in the state has an emotional, behavioral, or developmental condition, and suicide is the second-leading cause of death for those ages 15 to 19.[3][4] Young New Yorkers and their families face immense challenges trying to access mental health care. In 2011, then-Governor Cuomo reformed coverage for the approximately two million children enrolled in Medicaid, intended to expand community-based behavioral health care. However, advocates and experts say that access to care for youth has not substantially improved and may even have gotten worse, due to a lack of investment in the community-based care that was promised to help prevent the need for those more expensive, intensive services. There is an ongoing shortage of mental health care providers and specialists, creating long waiting lists and forcing children and their families to turn to the emergency room for care.

The COVID-19 pandemic has been especially hard on youth of more color, whose neighborhoods experienced the highest rates of illness and death. Black and Latinx children experienced parent and caregiver death at twice the rate of their white and Asian peers. For

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[1] https://www.nytimes.com/2022/04/23/health/mental-health-crisis-teens.html
[2] https://www.nytimes.com/2021/12/07/science/pandemic-adolescents-depression-anxiety.html
[3] https://citylimits.org/2021/11/30/years-after-ny-medicaid-overhaul-kids-access-to-mental-health-care-still-in-crisis-report/
[4] https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

Black youth, suicide rates are increasing faster than other racial groups.[5] Black and Latinx children are less likely than white youth to receive treatment for depression, and more likely to be criminalized during a mental health crisis–especially in schools.

My office has worked closely with the office of Council Member Riley and the Healing-Centered Schools Task Force (HCSTF), a group of advocates, educators, mental health providers, students, and parents, to issue recommendations for bringing healing-centered education to New York City schools.[6] Healing-centered schools are schools that have removed harmful structures including punitive discipline, school policing, metal detectors, and exclusionary or biased curricula and have intentionally adopted, through community-led processes, trauma-responsive classroom practices, integrated mental health and wellness supports, restorative and supportive responses to behavior, parent and student engagement, anti-racist and culturally-responsive curricula, and strengths-based learning through an emphasis on opportunities for enrichment and creative expression, multi-modal learning, and social-emotional wellbeing.The NYC Department of Education has adopted some aspects of healing-centered schools, such as recognizing the importance of social workers and counselors. Despite this expressed commitment, a recent audit by New York State Comptroller Tom DiNapoli found that more than 400 NYC public schools lacked a single social worker, and 80 percent of schools that do have social workers fall short of the staff-to-student ratio recommended by the National Association of Social Workers (one social worker per every 250 students).[7]

According to the State Comptroller's audit report, the Mental Health Association in New York State, Inc., has led a call to action for a State law that would require mental health instruction in the kindergarten through grade twelve health education curriculum, and thus New York became the first state to require that health education in schools must include instruction in mental health. Similarly, Marina Nasef, a Jeannette K. Watson Fellow in my office, proposed an annual Mental Wellness Week, a program for NYC public school students that would follow the model of Respect for All, a week-long program that addresses bullying. Each day of the Mental Wellness Week would have a different topic intended to educate students about and provide available resources to students who may need mental health support and services.

Young people are the future of our city, and it is clear that we have failed and continue to fail them when it comes to equitable access to mental health services and support. Providing comprehensive, holistic, accessible behavioral health services to youth and young people is an integral part of public safety. We cannot continue to deny children who are struggling the support that they need, especially considering all they have been through in the past three years. I look forward to working with the City Council, the Department of Education, and the Department of Health and Mental Hygiene to ensure that every young person in our city can succeed and thrive, no matter their mental health challenges.

Thank you.

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[5] https://www.gothamgazette.com/city/9973-nyc-black-hispanic-youth-dire-need-mental-health-care
[6] https://advocate.nyc.gov/static/assets/HCSTF%20Recommendations%20Report.pdf
[7] https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf

Advocates for Children of New York
Protecting every child's right to learn since 1971

Testimony to be delivered jointly to the
New York City Council Committee on Mental Health, Disabilities and Addiction
and
Committee on Youth Services

Re: Accessing Mental Health Services for NYC Youth

November 9, 2022

My name is Rohini Singh, and I am Assistant Director of Advocates for Children of New York's ("AFC's") School Justice Project. For 50 years, Advocates for Children has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. We speak out for students whose needs are often overlooked, such as students with disabilities, students with mental health needs, students involved in the juvenile or criminal legal system, students from immigrant families, and students who are homeless or in foster care. AFC is also a member of Dignity in Schools Campaign-New York ("DSC-NY"), a coalition of youth, parents, educators, and advocates dedicated to shifting the culture of New York City schools away from punishment and exclusion and towards positive approaches to discipline and safety, and the Campaign for Effective Behavioral Supports in Schools, a coalition that supports increasing student access to mental health services, improving staff training, and creating systemic policies to end the New York City Department of Education's ("DOE's") reliance on punitive, exclusionary practices like the use of Emergency Medical Services ("EMS"), police intervention, and student suspensions to respond to students in behavioral crisis or students with significant mental health needs.

We are here today to discuss the youth mental health crisis and urgent need for a comprehensive system to ensure that our young people have access to and receive behavioral and mental health supports in schools. Many young people in our City experienced unimaginable trauma and loss and are struggling with the return to in-person learning this year. For students to thrive in school, they must feel safe and supported by their school communities, and our schools must be places that are healing-centered, where students and families experience physical, psychological, and emotional safety. Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all. Moreover, according to the School-Based Health Alliance, of students who successfully engage in mental health

treatment, over 70% initiated services through school.[1] Data also indicate that school-based mental health services reduce disparities in access to behavioral health care.[2]

However, too often when NYC students are struggling, they are unable to access effective, or even any, behavioral and mental health supports in school. New York City's approach to addressing the social-emotional needs of students in schools has been fragmented and woefully deficient. While the City funded some social-emotional initiatives in schools over the last few years, many of these programs do not address the immediate needs of school communities and are piecemeal. An August 2022 audit by the Office of the State Comptroller, *Mental Health Education, Supports, and Services in Schools,* found that nearly 40% of the DOE's 1,524 schools did not have one of the six mental health programs the DOE claims to offer in NYC schools.[3] To date, the DOE has failed to do a comprehensive mapping of all the behavioral and mental health services, supports, and programs inside the NYC school system so the public is not aware of where to access these services and where critical gaps in services exist. In order to improve access to mental health services to NYC youth, the DOE must make public a mapping of behavioral and mental health services in schools and expand access to school-based mental health services to students equitably and comprehensively.

Without comprehensive supports, students in crisis are met with punitive, exclusionary school discipline and policing practices that only further traumatize them and perpetuate the school-to-prison pipeline, disproportionately harming Black and Brown students and students with disabilities. As outlined in AFC's June 2021 report (attached), *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social Emotional Supports for Students in Police-Free Schools,* in the 2018-2019 school year alone, the NYPD reported 3,544 "child in crisis interventions" in which a student displayed signs of emotional distress, was removed from school by a police or school safety officer, and was sent to a hospital for a psychological evaluation.[4] Of these students, 47% were Black despite Black students accounting for only 25% of the total NYC public school population. Moreover, during these transports, some students as young as 5 were handcuffed. While the number of child in crisis interventions decreased to 2,386 in 2021-2022, the number of mitigations, where police or school safety agents intervened in an incident but then the student was released to the school, jumped from 5,102 incidents in the 2018-2019 school year to 8,223 in the 2021-2022 school year. Through our work assisting individual students and families, we know the traumatic impact of NYPD intervention, EMS transport, and unnecessary hospitalization on students,

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[1] Howard, Caren, *Mental Health and DEI*, National Association of Secondary School Principals, Advocacy Agenda: November 2022, **https://www.nassp.org/publication/principal-leadership/volume-22-2021-2022/principal-leadership-november-2022/advocacy-agenda-november-2022/**.
[2] *Id*.
[3] Office of the State Comptroller, *Mental Health Education, Supports, and Services in Schools* (August 2021), **https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf?utm_medium=email&utm_source=govdelivery**.
[4] Advocates for Children of New York, *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools* (June 2021), **https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf**.

families, and school staff. Furthermore, these responses do nothing to address the root causes of student behavior, reduce time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the juvenile/criminal legal system.

Here are just a few examples of harmful interventions families and young people have shared with us in 2022:

- We heard from a parent who contacted us about their Black 7-year-old child with Autism whose school called the police when the little girl was crying, throwing pencils, and then biting the principal who did not know how to de-escalate the child's behavior. The child was transported to the hospital by EMS without the parent with her and without even notifying the parent until the child arrived at the hospital.
- We heard from the parent of a 6-year-old with an Individualized Education Program ("IEP") diagnosed with ADHD and Autism who was called down to her son's school to pick him up early because he was having a difficult day. The school counselor advised her that if her son continued to "lash out at staff" and she is unavailable to pick him up, they would call EMS and police to de-escalate him. The parent emailed us: "I was extremely concerned with this comment because my son is a 6-year-old African-American male and I do not want him to have this type of dramatic and traumatizing experience."
- We heard from the parent of a Black 15-year-old son with an IEP who was violently tackled and restrained by NYPD school safety agents after an incident, which was precipitated by a teacher's aide calling the student a racial slur. The incident escalated and the teacher's aide chased the student and hit him over the head multiple times with a walkie-talkie. In addition to contacting the NYPD, the school also contacted EMS and suspended the student from school.
- We also heard from students of the Dignity in Schools Campaign, who have lived experience with unmet mental health needs. They shared their request for—and the lack of availability of—mental health services, restorative justice practices, and other healing-centered practices at their schools.

With new federal funding grants for school-based mental health services through the Bipartisan Safer Communities Act, new guidance from the Centers for Medicare and Medicaid Services on allowable billing to Medicaid for eligible student services,[5] and new New York State mental health support grants to school districts,[6] there are more opportunities than ever to invest in transforming

[5] *See* note 1.
[6] NYS Office of Mental Health,
Student Mental Health Support Grants to School Districts, https://omh.ny.gov/omhweb/rfp/2022/support-grants-school-district/index.html.

school environments to places that address our students' mental health and behavioral needs and help improve academic outcomes. At the same time, it is critical that the City, DOE, NYC Department of Health and Mental Hygiene, and NYC Health + Hospitals allocate more of their own funding for effective behavioral and mental health services and supports for students, particularly in high-needs schools. What New York City needs to keep students and schools safe is a comprehensive system to ensure that students have access to culturally-responsive direct mental health services, schools receive support to effectively manage student behavior and mental health, and the DOE coordinates internally and across other key agencies to provide this support. It is more urgent than ever that our City invest in practices that support and center the voices of young people and divest from practices that criminalize them.

To this end, we urge the City to work towards creating a comprehensive, integrated system of mental health and behavioral health supports for students by making the following investments and policy changes in FY 2024:

Baseline $5 million for the Mental Health Continuum, a model for integrating a range of direct services and developing stronger partnerships between schools and hospital-based mental health clinics so the DOE, Health + Hospitals, and the Department of Health and Mental Hygiene can provide more effective and efficient supports to students with significant mental health needs in high-needs schools. In FY 23, the City allocated $5 million for the Mental Health Continuum for only one year so, unless extended, the funding for this critical initiative will expire in June 2023 just when it is starting to get off the ground. We greatly appreciate the Council's advocacy to secure this funding in FY 23 and look forward to continuing to work with you to sustain this initiative.

Ensure available behavioral health services for students in schools are mapped citywide and effectively communicated to all families. While mental health and wellness programs and services are offered at each school and different approaches are used depending on various factors, many parents and students are unsure where to turn when seeking behavioral and mental health services in schools. The DOE should make clear the mental health services available in each school, the populations they are designed to serve, and the processes for accessing them, in readily-available materials to parents, caregivers, and communities both on school websites and in school guides. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.

Expand and implement school-wide restorative justice practices in all schools. To fulfill their commitment to students, the City must expand and complete the full implementation of school-wide restorative justice practices in all schools. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and

teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

Pass Int. No. 3-2022 to significantly limit the use of handcuffs on students in emotional crisis and strengthen the bill by making a few key amendments, including deleting the provisions related to NYPD training because law enforcement should not respond to students in emotional crisis. This bill is a crucial step to ensuring that our young people in crisis are met with a trauma-informed and healing response, not with the threat of law enforcement and handcuffs. We hope this bill will drastically reduce law enforcement involvement when students are experiencing emotional crises by regulating police response to students in emotional crisis; requiring documentation of steps used to de-escalate an incident before law enforcement is involved; emphasizing that trained clinical school staff must be the first responders to students in emotional crisis; and significantly limiting the use of handcuffs on students in emotional crisis. Students need schools where they face social workers, behavioral specialists, and restorative justice practitioners, instead of school safety agents and police officers, and where they receive mental health supports and services instead of handcuffs.

Thank you very much for the opportunity to testify today. We look forward to working with members of this Committee to ensure that all students receive the behavioral and mental health support they need to be able to learn and succeed in healing-centered schools. I would be happy to answer any questions.

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Joint Hearing of the Committee on Mental Health, Disabilities & Addiction with the Committee on Youth Services on Accessing Mental Health Services for NYC Youth
TESTIMONY
1:00pm, Wednesday, November 9, 2022

Good afternoon Chairs Lee and Stevens, as well as members of the Committees on Mental Health, Disabilities and Addiction and Youth Services. My name is Yvette Bairan, and I am the Chief Executive Officer at Astor Services, where our mental/behavioral health and educational programs serve children, adolescents, young adults and families in both the Bronx and Mid-Hudson Valley. In my role as CEO, I lead Astor in the administration and oversight of our children, youth, adolescent and adult mental health services, child welfare services, school-based mental health services, and early childhood development programs. Astor collaborates closely with community, NYS oversight partners, Coalitions, and civic leaders, as well as elected officials, to ensure that our programs and support services are available for all who need them.

I would like to speak with you today about the impact that the alarming workforce shortage facing mental health service providers is having on vulnerable individuals, especially youth in our city. Youth mental health concerns have been worsening for over a decade but the onset of COVID as well as the increase in social isolation has caused a crisis in our schools and communities. We need investments in the children's mental health workforce – a group that has been traditionally underpaid, yet on the front-line caring for the most vulnerable. We also need expansions in the school-based mental health clinics so that supply and can meet demand in many of our at-risk schools. The City's Department of Education recently added over 500 social workers to help address some of the gaps in services in high-risk schools but social workers are intended to assist with issues around academic and social struggles and are not equipped to address some of the traumas many students are facing outside of the school building. More of a collaboration between school social workers and licensed mental health counselors needs to be established to ensure that the whole child is being treated both inside of the classroom as well as in the community.

Astor currently employs close to eight hundred staff agencywide that range from direct care workers to clinicians, and mental health counselors. All these roles are crucial in maintaining our infrastructure needed to bring our schools and communities back to normalcy. Astor is in 32 Bronx DOE schools serving as the mental health provider to those school populations. More than 50% of our Bronx clients identify as Hispanic and we are asking for more support and enhanced salaries to keep and attract talent that is in line with our mission to provide services in a culturally and linguistically appropriate manner. Our largest age cohort is between the ages of 8-17 which encompasses a sizable proportion of our school-aged population with the three top diagnoses being attention deficit hyperactivity disorder (ADHD), depressive disorder, and disruptive/oppositional disorder. These three make up over 60% of the overall primary diagnoses we see in the Bronx and require trained and competent staff that can speak and understand the cultures and communities in which we serve. That is why Astor is looking to partner with the

city to create avenues for growth where the mental health workforce and programing can expand to serve more youth and meet children and families where they are.

Capacity and workforce retention has always been an issue in the human services field. Providers are expected to do more with less and that cannot be more evident than in the current backlogs and wait times that most families in our communities are facing when trying to schedule appointments. For much of the last 18 months, we have not been able to maintain the levels of open access that were pre-pandemic expectations, and families have often been waiting weeks to months for intakes, as we've had to maintain what little vacancies we've had for emergencies/youth coming from higher levels of care. That is why we are also working with our Coalition partners to encourage the city to invest $28,500,000 to bolster funding for the over 200 existing school-based mental health clinics and to bring school-based mental health clinics into 100 new schools. In addition, each school-based clinic should receive $75,000 in annual operating support to maintain and expand on-site mental health services for children. School-based mental health clinics provide on-site mental health services, including diagnosis and treatment, to children during the school day. As satellite locations of community providers, these clinics can serve the entire family, both in school and in the community. The clinics also offer psychiatry, including medication management, family peer support, and youth advocacy. School-based clinics integrate within the school, educating teachers on how to spot when a child needs help and teaching students about mental well-being. Because school-based clinics can bill insurance, which the DOE cannot, an investment in clinics will result in an infusion of state & federal dollars into schools. The cost to the city for a school-based clinic is half the cost of DOE hiring a school social worker.

In the last year, Astor has seen a significant percent shift in vacancies across the agency that has led to the need for many of our programs to temporarily shut down intakes (with the exception of high risk cases) and review caseloads on a weekly basis. In our outpatient clinics, we offer 40-70 slots each week and fill them, but still have children on the referral waitlist. Other programs like our HBCI (Home Based Crisis Intervention), SYNC (Serving Youth in Their Communities) and CFTSS (Children and Family Treatment and Support Services) services will just not take referrals when we do not have capacity. Our Bronx Day Treatment program could be accepting referrals right now but are not due to staffing shortages. In addition, we are currently facing a reduction of students in our therapeutic pre-school program on Dyre Avenue due to a lack of staffing.

We are all aware of the unprecedented challenges ahead but considering the exasperating mental health challenges facing our communities because of the pandemic, we must remain optimistic that you will partner with us on this journey by recognizing how imperative it is for us to secure the crucial and multicultural mental health workforce who will provide the vital services desperately needed to help our city’s vulnerable children and families.

Thank you.

The New York City Council
Committee on Mental Health, Disabilities and Addiction, and
Committee on Youth Services
Oversight Hearing – Accessing Mental Health Services for NYC Youth
Written Testimony Submission from Legal Services NYC
By: Nelson Mar, Senior Staff Attorney
November 9, 2022

Good afternoon, and thank you for the opportunity to testify at this oversight hearing to discuss accessing mental health services for NYC youth.

Legal Services NYC's ("LSNYC") (https://www.legalservicesnyc.org/about-us) mission is to fight poverty and seek racial, social, and economic justice for low-income New York City residents. Through litigation, advocacy, education and outreach, LSNYC has advanced the interests of our clients and created systemic changes that strengthen and protect low-income communities. We work to protect the rights of people with disabilities, veterans, immigrants, the LGBTIQA+ community, and other vulnerable constituents. We are deeply appreciative to the City Council for its many years of support for legal services, and for its championship of our mission and our work.

The Education Rights practice at LSNYC assists hundreds of New York City schoolchildren and their families each year to ensure access to education. We often represent students who are most at-risk and in need of advocacy including students living with poverty, students with disabilities, students facing exclusionary discipline, English Language Learners (ELLs), and other vulnerable student populations and their families. Our attorneys and social workers assist families with a host of education issues including school enrollment, language access, special education, disciplinary proceedings, transportation, reasonable accommodations,

and academic intervention services with the goal is to support vulnerable populations by improving educational outcomes and removing systemic inequities. Due to the long history of structural racism these issues disproportionately impact students of color especially Black students and Black families. Over 80% of our student clients are children of color and/or immigrants ranging in age from 3 to 21. Almost all of the education clients we serve have a disability. Our clients experience a range of disabilities, including learning, developmental, physical, behavioral and emotional, as well as the disabling impacts of trauma/adverse childhood experiences (ACEs) that affects their ability to learn and grow academically and socially.

For the past ten years LSNYC has spearheaded advocacy for improvements in behavioral health and mental health supports for students in New York City public schools. Attorneys and advocates at LSNYC provide individual representation to hundreds of low-income students each year and in many of these cases we see the exposure to adverse childhood experiences (ACEs) and trauma as having an outsized impact on a child's development. The impacts of ACEs and trauma can manifest itself in internalizing behaviors such as school avoidance or externalizing behaviors such as impulsivity or increased agitation. In the past, when many of our clients exhibited these externalizing behaviors in school, teachers and administrators would respond inappropriately often causing an escalation in the student's behaviors which would result in either a disciplinary suspension or a call to 911 for emergency medical services (EMS).

In 2013, LSNYC sued the City of New York, the New York City Department of Education (DOE), and the Fire Department of New York (FDNY) on behalf of 11 students to stop the inappropriate and illegal practice of calling 911 and having students sent to hospital emergency rooms when no medical emergency existed. (See T.H. v. Farina, 13cv8777 (SDNY)(JMF) (2013)). Through the litigation we came to understand that school staff often

turned to calling 911 on students in an emotional crisis for mainly two reasons: (1) the mistaken belief by some school staff that by sending students to the hospital emergency room would expedite the student's access to outpatient mental health services; and (2) school staff lacked training or the proper skills to respond meaningfully to deescalate students in crisis.

Ultimately, we reached a settlement with the City and the DOE in 2014 that included new protocols for how school staff are to respond to students in an emotional crisis (See Chancellor's Regulation A-411) and a commitment to provide training for targeted staff on crisis de-escalation. Unfortunately, school officials continued to resort to 911 to respond to children in emotional crisis and data from a recent analysis by our colleagues at Advocates for Children show that police and emergency medical services respond to roughly 3000 calls per year in the years before the pandemic.[1] The continued high rates of 911 use by school officials for children in emotional crisis underscore the need for improved behavioral health and mental health supports in schools.

I am also testifying today on behalf of the Campaign for Effective Behavioral Supports for Students (CEBSS), a coalition of 9 advocacy, social service, and community-based organizations, formed in 2012 to combat the practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services (EMS) when staff were unable to address students' social-emotional needs. LSNYC helped form CEBSS as part of a broader effort to keep students in school and learning in their communities by advocating for investments in school-based behavioral support systems and policies, such as trauma-sensitive and healing-centered approaches.

[1] See, Advocates for Children (2021). Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools. Retrieved from https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf?pt=1

For today's hearing, LSNYC and as a member of CEBSS, encourages the Committee on Mental Health, Disabilities and Addiction, and the Committee on Youth Services, along with the entire City Council, to consider the recommendations put forward by our Vision Statement for Behavioral and Mental Health Supports in Schools. (See attached document). There is a dire need for a broad range of mental health supports in NYC schools as many experts warn of a mental health crisis among our children[2] given all of significant trauma and ACE's likely experienced by many NYC children over the last two years due to the pandemic, the reckoning with racism/police brutality and the increase in violent crime.

It should come as no surprise that a large number of children in New York City have experienced more than one ACEs especially given all the direct and indirect impacts of the COVID 19 pandemic and the consistently large numbers of children living in poverty (over 20%) in the five boroughs.[3] Children who are negatively impacted by trauma and ACEs can present with disabling conditions related to behaviors and learning, and researchers have linked poor academic outcomes with children who are exposed to higher ACEs and incidents of trauma.[4]

The New York City public schools can help mitigate the disability related impacts of ACEs and trauma. Moreover, the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, New York State Human Rights Laws, New York City Human Rights Laws and the

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[2] Abramson, Ashley. Children's mental health is in crisis: As pandemic stressors continue; kids' mental health needs to be addressed in schools. *American Psychological Association*. Vol. 53 No. 1. January 1, 2022. https://www.apa.org/monitor/2022/01/special-childrens-mental-health; see also, Shivaram, Deepa. Pediatricians say the mental health crisis among kids has become a national emergency. *NPR*. October 20, 2021. https://www.npr.org/2021/10/20/1047624943/pediatricians-call-mental-health-crisis-among-kids-a-national-emergency

[3] Poverty Tracker Research Group at Columbia University. *The State of Poverty and Disadvantage in New York City*. Volume 4. Robin Hood. April 2022.

[4] Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly, 33*(1), 137-146. https://doi.org/10.1037/spq0000256

Individuals with Disabilities Education Act (IDEA), arguably require NYC public schools to at a minimum provide accommodations for a student's trauma related disabling conditions.[5]

I would like to highlight two key recommendations from the CEBSS' Vision Statement that LSNYC feels will have the greatest impact on improving access to mental and behavioral health supports and that is the (a) Healing Centered Schools and (b) the Mental Health Continuum. These two recommendations are crucial to any approach to youth mental health services because these recommendations will meet the mental health needs of youth where they spend a majority of their day: in the NYC public schools.

Healing Centered Schools is a crucial universalist approach to meeting the mental and behavioral health needs of students. Schools need to be more than "trauma informed" or "trauma sensitive" but more importantly, they need to be places that foster healing which ultimately leads to greater resiliency. The healing centered school approach requires the school community to create safe, stable, nurturing relationships in the school community. These relationships not only help students cope with ongoing trauma, but they ensure that trauma-related behavioral challenges receive a compassionate, not punitive, response. Adopting this universalist approach that would center healing in every aspect of the school community will greatly reduce the need for higher levels of care that are resource and capital intensive at a moment when the capacity to provide mental health services is overwhelmed.

In addition to the universalist approach of Healing Centered Schools, LSNYC wants to highlight the importance of the Mental Health Continuum in meeting the mental health needs of NYC youth who require intensive services. From our experience these students who require

[5] Tuchinda, Nicole. *The Imperative for Trauma-Responsive Special Education*, New York University Law Review. Vol. 95:766, June 2020. https://www.nyulawreview.org/wp-content/uploads/2020/06/NYULawReview-Volume-95-Issue-3-Tuchinda.pdf

higher level of care fall through the cracks and do not receive the services they need because of a lack of coordination between the two main systems that serve youth: the education system overseen by the DOE, and the mental health system, overseen by the Department of Health and Mental Health (DOHMH). The Mental Health Continuum outlined in the Vision Statement will help build greater coordination between these systems thereby ensuring students with the highest level of need access appropriate services in school and in the community.

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Center for Court Innovation
New York City Council
Joint Hearing: Committee on Youth Services and Committee on Mental Health, Disabilities and Addiction
November 9, 2022

Good morning Chair Lee, Chair Stevens and esteemed councilmembers of the Committee on Youth Services and Committee on Mental Health, Disabilities, and Addiction. Since its inception, the Center for Court Innovation (the Center) has supported the vision embraced by Council of a fair, effective, and humane justice system and building public safety through sustainable community-driven solutions. The Center's longstanding partnership with Council over the past twenty-five years has helped bring this vision to life through evidence-based and racially just programming that spans the entire justice continuum.

Our firsthand experience operating direct service programs and conducting original research uniquely positions us to offer insights that the Council can apply as it considers the development of initiatives that respond to needs of young New Yorkers. In each instance, our aim is to provide a meaningful and proportionate response, to treat all people under our care with dignity and respect, and to prioritize public safety. And, as an anti-racist organization, to ensure the needs of marginalized young New Yorkers are addressed.

Mental health and the justice system cannot be siloed; they are inextricably intertwined. Properly addressing the mental health needs of young New Yorkers—necessary now more than ever before with the stressors of COVID-19 weighing heavily on already under-resourced communities—will allow us to lessen harmful interactions with the justice system and law enforcement. And, on the flip side, ensure that contact with the system is humane, with an emphasis on providing access to culturally competent treatment and programming.

Upstream Supports for Young People with Complex Mental Health Needs

Ideally, we meet young people where they are to address their mental health needs in community, before they ever intersect with the justice system. The Center offers upstream interventions through trauma informed mental health programming for young men of color living in communities experiencing high rates of violence through our UPLIFT and Youth Wellness Initiative Programs. Additionally, the Center's Community First street outreach program employs Community Navigators to connect individuals to treatment services before they intersect with the justice system.

To address high levels of exposure to community violence and trauma among young men of color in Queens, the Center's **UPLIFT Program** provides trauma and healing services to justice involved male youth and young adults by offering client-driven individual therapeutic sessions and supportive group workshops. Through case management, victim services assistance, and advocacy and mentoring, participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes.

In Staten Island, the Center's **Youth Wellness Initiative** provides robust mental health services that address trauma and promote healing for young men of color that are justice impacted or at-risk of justice system involvement. The program supports provided target the trauma youth may have experienced by shedding light on a range of topics such as identity, overcoming obstacles, dismantling stereotypes, discovering healthy outlets, safety, and promoting healing. We want our youth to be whole, to excel in all aspects of life, and develop into the best version of themselves to launch forward and become prosperous young adults. In addition to this universal goal, the initiative also extends holistic support to the parents and caretakers of youth enrolled in the initiative, recognizing the importance families hold in youths' ongoing development.

The Times Square Alliance ("the Alliance") reported that the pandemic caused an increase in the number of people who are housing insecure, homeless, and/or living with severe mental health issues and/or substance use disorders gathering in and immediately around the Times Square area. Starting in January 2021, to respond to these issues, the Center's Midtown Community Court, in partnership with the Alliance, Breaking Ground, and Fountain House, piloted **Community First**. This initiative connects individuals who are gathering in Times Square, often homeless, to the critical services they may need.

Community First employs a team of Community Navigators, partnered with community-based organizations, to engage people in need to social services, substance use and mental health services. Community Navigators facilitate linkages to services and/or help individuals gain access to spaces that are otherwise denied to them, like bathroom facilities. The Navigators are a staple in the Times Square community, building meaningful connections with individuals frequenting Times Square. The Community Navigators' consistent presence and engagement also allows them to gain credibility with local businesses, community-based organizations, and other Times Square entities, which result in creating opportunities for supportive services and access to those who need it. Navigators also connect individuals to Midtown's programs and clinical services, as needed. Ultimately, Navigators form trusting relationships with people in need frequenting Times Square. Navigators learn the needs of the people the program seeks to serve, and successfully secure meaningful support for those individuals, including providing access to life-saving mental health treatment.

Mental Health of Young New Yorkers in the Carceral System

Our research shows the mental health needs of the incarcerated population to be changing. With more than half of incarcerated New Yorkers flagging for a mental health concern, there is an opportunity for policymakers to apply new manners to coordinate and provide treatment and offramps for individuals before they suffer an extended jail stay while

battling mental illness.[1] The Center has measurable experience in implementing data-driven programs that meaningfully reduce incarceration without decreasing public safety.

Alternatives to incarceration can prevent unnecessary disruption to young people's lives, while providing linkages to additional services to decrease criminogenic factors that would otherwise grow in confinement. These models are studied to be safe, effective, and cost efficient, and avoid unnecessary incarceration that reduces the long-term adverse impacts it has on individuals, families, and communities. The Center's alternatives to incarceration programs ensure immediate access to appropriate treatment and community-based support.

The Center's **Brooklyn Mental Health Court** (BMHC) provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and represent a growing percentage of cases served. The first mental health court in New York City, BMHC seeks to craft meaningful responses to defendants with mental illness. Addressing both mental health treatment needs and public safety concerns, the court links defendants who have serious and persistent mental illnesses (such as schizophrenia and bipolar disorder) or Neurodevelopmental disorders (such as Autism spectrum disorders, intellectual disabilities, and ADHD) who would ordinarily be jail- or prison-bound to long-term treatment in the community.

BMHC offers twice monthly programs specifically for youth, including arts programs, movie trips, and meditation classes, all designed to nurture close engagement with the youth population to help them comply with their court mandates and avoid future contact with the justice system. The court's new Youth Engagement Specialist, a bilingual member of our clinical team, ensures young people are not left behind due to language barriers. BMHC provides meaningful activities and healthy meals and snacks to participants, fostering close relationships that help youth to lead healthy non-justice involved lives.

Conclusion

The Center stands ready to go beyond transforming the justice system to cultivating vibrant and prosperous communities that center health, wellness, and security for all its young people. We thank the Council its continued partnership and are available to answer any questions you may have.

Notes

[1]Rempel, M. (2020). COVID-19 and the New York City Jail Population. New York, NY: Center for Court Innovation. Available at: https://www.courtinnovation.org/publications/nycjails-covid

Testimony Provided to the New York City Council Committee on Mental Health, Disabilities, and Addiction and the Committee on Youth Services
Oversight Hearing: Accessing Mental Health Services for Youth

Alice Bufkin
Associate Executive Director of Policy and Advocacy, Citizens' Committee for Children
November 9, 2022

Since 1944, CCC has served as an independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce. We document the facts, engage, and mobilize New Yorkers, and advocate for New York City's children.

CCC is also a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services when staff were unable to address students' social-emotional needs.

We would like to thank Chair Stevens, Chair Lee, and all the members of the Committees on Disabilities, and Addiction and the Committee on Youth Services for holding today's hearing on mental health access for youth in New York City.

Supporting the Behavioral Health Needs of Youth in New York City

Throughout our city, thousands of families every day face a reality: finding timely mental health supports for children and adolescents is overwhelming, isolating, exhausting, and often impossible.

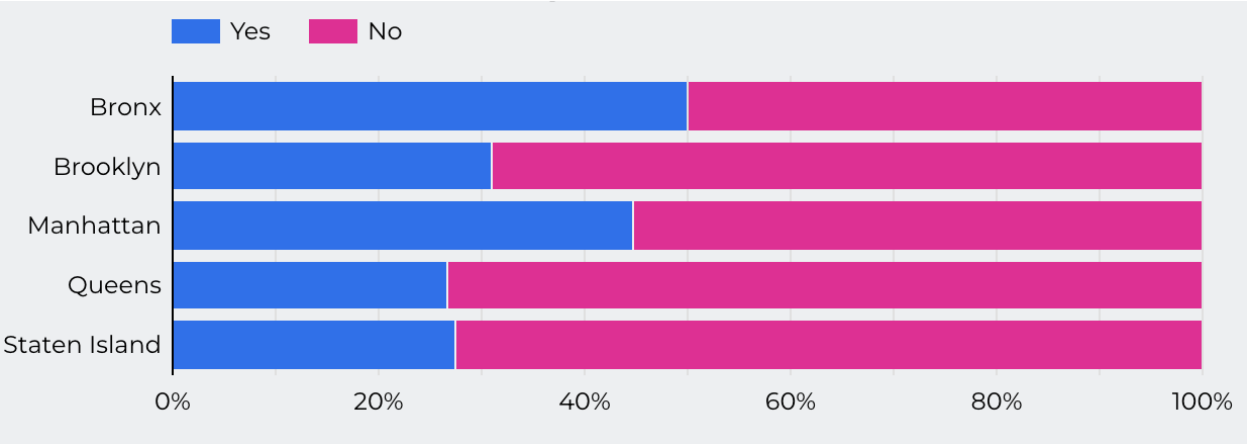
The percentage of children who have anxiety or depression in New York State grew from 8.9% in 2016 to 10.9% in 2020, a 22.5% increase.[i] The share of parents in the NYC Metro area reporting their children have behavioral health needs has risen over the past five weeks, and was at 32 percent for the first half of October.[ii] The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association have all declared a national state of emergency in child and adolescent mental health.[iii] Alarmingly, providers throughout New York City and the State are seeing waiting lists in the hundreds, leaving families waiting for months for services their children desperately need today.

The foundation for these challenges were laid well before COVID-19 arrived, driven by chronic underinvestment in the children's behavioral health system, deeply inadequate reimbursement rates, and a focus on crisis intervention rather than the full continuum of behavioral supports for children and their families. COVID-19 entered this dramatically under-resourced system to

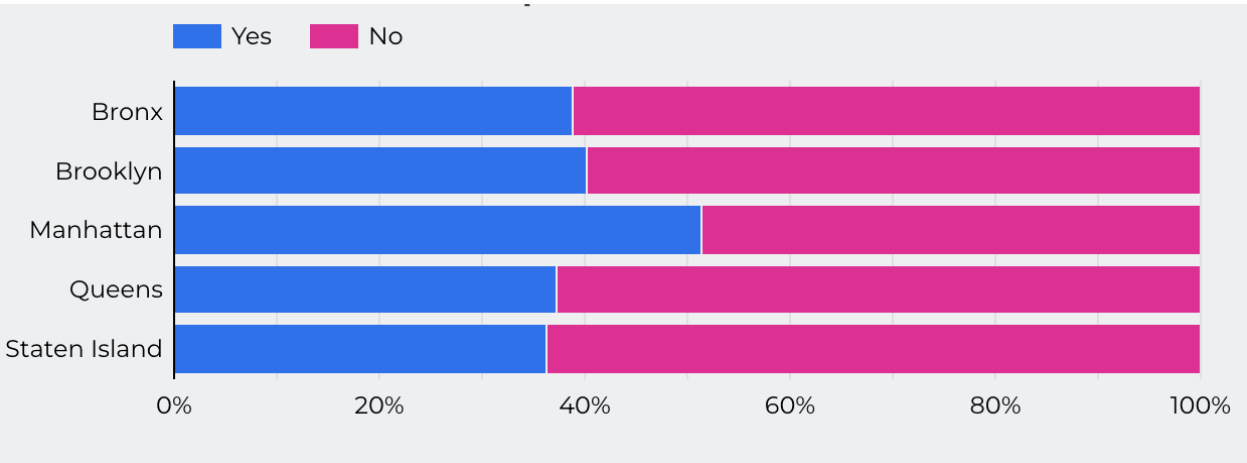
devastating effect, causing widespread loss, economic insecurity, and unprecedented educational disruption.

In February 2021, youth advocates and Citizens' Committee for Children launched a survey that collected responses from more than 1,300 young people (ages 14 to 24) across New York City, with a representative share from all five boroughs.[iv] More than a third (35%) of youth report wanting or needing mental health services from a professional, particularly youth in the Bronx and Manhattan. Among youth who want/need mental health services, only 42% reported receiving these services. Youth identified mental health as one of the greatest challenges and needs in their communities.

Did You Want or Need Mental Health Services from a Professional?



Of Those Who Wanted/Needed Services: Did You Receive Mental Health Services from a Professional?



Source: Voicing Our Future Survey of 1,300+ Youth in NYC, Ages 14-24, February 2021.

Though families in New York have faced significant challenges accessing much-needed behavioral health services, the City has an opportunity to identify and enhance services and interventions that work. With the commitment of our city and state leaders, it is possible to

reverse course and transform the children's behavioral health system into one that supports and lifts up families in the face of crisis.

Recommendations

1. **Baseline $5 million for the Mental Health Continuum, an evidence-based model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics.**

In CFY22 and CFY23, the City allocated $5 million for a promising model called the Mental Health Continuum, which aims to integrate a range of direct services and develop stronger partnerships with hospital-based mental health clinics to provide more effective and efficient supports for students with significant mental health needs. This model is designed to meet the needs of students with significant mental health challenges in the schools and neighborhoods with the highest rates of NYPD interventions, suspensions, and chronic absenteeism.

The Mental Health Continuum represents a unique cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. However, funding was appropriated only for FY22 and FY23; if funding is not maintained and baselined, the City will not be able to continue implementation of the Continuum. To fully implement the model initiated in FY22 in 50 high-needs schools in the South Bronx and Central Brooklyn, the $5 million must be included baselined in the FY24 Budget.

2. **Provide $28.5 million to add school-based mental health clinics to 100 new sites and expand the capacity of existing clinics.**

School-based mental health clinics provide essential on-site mental health services to students, including diagnosis and treatment. Supports can include individual and family counseling, psychiatry and medication management, family peer support, and crisis response.

SBMHCs bill Medicaid and insurance directly for services provided to students. However, there are limitations on what services are reimbursable. City funding is essential for enabling clinics to offer a more comprehensive and inclusive array of services, including services for uninsured children, services for children without a diagnosis, and trainings and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the funding necessary to provide the types of wraparound supports that are so essential for ensuring a school-based mental health clinic is part of a continuum of whole-school supports for students.

By providing $75,000 in annual operating support to the nearly 300 existing school-based mental health clinics, the City can ensure these services are more comprehensive, inclusive, and effective. The City can also take advantage of the state and federal dollars that clinics are able to pull down through reimbursement.

Moreover, far too few schools have access to School-Based Mental Health Clinics. Only approximately 15% of schools have School-Based Mental Health Clinics. In addition to supporting the operation of existing clinics, the City should significantly increase the overall number of school-based clinics so more students can benefit from their services.

3. Expand and fully complete implementation of restorative justice practices.

To fulfill their commitment to students, the City must work towards full implementation city-wide restorative justice by FY 2028. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

4. Address Chronic Shortages in Behavioral Health Care for Children and Families.

Undeniably, the provider network in New York City is inadequate to meet the wide array of behavioral health needs facing New York's children and families. This shortage is largely due to a deeply under-resourced system, which is itself driven by historically inadequate reimbursement rates in Medicaid and commercial insurance, as well as in city and state contracts. New York City cannot address access without addressing the workforce.

The City can address workforce challenges by funding incentives to enhance the behavioral health workforce, including strategies such as tuition assistance, loan forgiveness, and cost of living adjustments, with a particular focus on BIPOC and multi-lingual providers.

Additionally, the city must recognize the complex ecosystem of children's behavioral health supports, and the importance of providing sustained funding for the full continuum of children's services. Specifically, City employees who provide behavioral health supports receive significantly higher salary and benefits than community-based providers paid through city contracts. As a result, the community-based workforce has faced instability, often seeing qualified staff leave CBOs in order to take positions paid through the City. The resulting vacuum in staff leaves providers facing staffing shortages, and pulls providers out of the lives of families and communities who may have relied on those services. New York City should ensure contracted behavioral health workers have comparable salary and benefits to City providers.

5. Support the recommendations of the Campaign for Effective Behavioral Supports in Schools (CEBSS)

CCC is a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services when staff were unable to address students' social-emotional needs. We urge City leaders to support CEBSS Vision for Behavioral and Mental Health Supports in Schools, which can be found at here and includes:

- Follow recommendations made by the Healing-Centered Schools Task Force, which recognize that social-emotional well-being is a necessary ingredient for learning;

- Fully implement and scale up the Mental Health Continuum, a model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics;
- Ensure behavioral health services for students are effectively communicated to all families;
- Expand access to school-based mental health clinics and partnerships with community-based providers;
- Ensure social workers in schools have the support and resources to effectively serve students;
- Expand and implement school-wide restorative justice practices in all schools; and
- Revamp and enhance supports for students and reevaluate supports for students with behavioral disabilities in NYC District 75 special education schools and District 79 schools

6. Support the Mental Health of the Youngest New Yorkers.

The stressors of COVID-19 have had a unique impact on children under 5 years of age, who are at a critical developmental and behavioral health stage and may have experienced trauma while lacking the capability to fully understand it or access needed services and care. New family stressors on top of the loss of routine, social interaction, and comfort at an early age can have lasting impacts on early childhood development and social-emotional wellbeing. Fortunately, there are effective models and interventions that are designed to help the youngest children and their families weather these types of challenges and support their healthy development. Unfortunately, far too few of these supports are well-funded or universally supported with public resources.

More providers operating both center-based and/or home-based child care would benefit from additional resources to support the integration of behavioral health and developmental supports into their classrooms and from training and resources to promote these practices. DOE should embed resources for training and service integration into early childhood standing contracts. Service integration would also be improved through greater coordination between the Department of Education and the Department of Health and Mental Hygiene, which possesses expertise in the types of best practices for young children's developmental and mental health that should be brought to scale in early care and education settings.

Thank you for your time and commitment to New York City's children and families.

[i] Annie E. Casey. *2022 Kids Coutn Data Book: State Trends in Child Well-Being.* August 2022. https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf

[ii] CCC's analysis of U.S. Census Bureau. Household Pulse Survey, Phase 3.6. Health Table 4. Feelings or Behavior of Children in the Household During the Past Four Weeks, by Select Characteristics: New York State and New York City Metropolitan Statistical Area.

[iii] American Academy of Pediatrics, "AAP, AACAP, CHA declare national emergency in children's mental health," October 19, 2021. https://publications.aap.org/aapnews/news/17718

[iv] Citizens' Committee for Children, "Voicing Our Future: Surveying Youth on their Priorities for 2021 and Beyond," May 26, 2021. https://cccnewyork.org/voicing-our-future-surveying-youth-on-their-priorities-for-2021-and-beyond/

Jody Rudin, President & CEO

Twiggy Rodriguez, Chief Operating Officer

Nikant Ohri, Chief Financial Officer

November 9, 2022

Greetings chair Stevens and members of the Committees on Youth Services and Mental Health, Disabilities, and Addiction.

My name is Jose Cotto and I am the Senior Vice President for Residential Treatment at ICL.

ICL is a community-based behavioral health organization with nearly four decades of experience serving New Yorkers with various levels of mental and behavioral health needs.

We offer a continuum of care for over 1,000 children and youth with all levels of acuity.
We do this in schools, community clinics, through community-based programs like CFTSS and OnTrack, and through our housing programs.

Our most unique program is the Emerson Davis Family Development Center which works to keep children with their parents by addressing the mental health challenges parents face so that they can care for their children. I'm sure I don't need to tell you that nothing is more important to the development of a child and to their future well-being than growing up with a consistently-present adult who loves them unconditionally. We strive to ensure every child at Emerson Davis has that opportunity and we've been extremely successful.

And from a society perspective, what I think is really important about a program like Emerson Davis is its success in prevention. Clearly the better we do at addressing mental health challenges before they escalate, the better off we all are.

But the fact is everyone can get better.

The nonprofits that do this work are committed to supporting everyone in their journey to well-being.

But there's only so much we can do. We too need support, specifically in the form of dollars and workforce development.

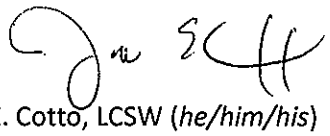
I know you all know about the struggles nonprofits face in paying workers fair wages. The people who work at nonprofits are mission driven. Unfortunately, landlords and grocery stores won't take that as a form of payment.

We also need to attract more people to the field and maybe there's something that the City of New York could do to make social service jobs more attractive beyond just the pay. We need a creative campaign to inspire people to enter the field.

We hope you can help on both fronts.

Thank you for giving me the opportunity to testify here.

Sincerely,



José E. Cotto, LCSW (*he/him/his*)
Senior Vice President
Residential Treatment
ICL, Inc.

New York City Council Committee on Mental Health, Disabilities & Addiction jointly with the Committee on Youth Services

TOPIC: Accessing Mental Health Services for NYC Youth

Wednesday, November 9, 2022

Testimony by

Dr. Amy Morgenstern

Assistant Vice President of Behavioral Health and Wellness

Good morning Chair Lee and Chair Stevens, and members of the Committee. Thank you for allowing me to testify on behalf of JCCA and the youth and families we serve.

My name is Dr. Amy Morgenstern, and I am the Assistant Vice President of Behavioral Health and Wellness at JCCA. I have worked at the agency for approximately 15 years, starting as a staff psychologist serving children living in foster homes. I am proud to oversee many of the Behavioral Health programs offered by JCCA to children and families in the five boroughs and Westchester.

This year, JCCA celebrates its 200th anniversary serving vulnerable New Yorkers. JCCA works with about 17,000 of New York State's children and families each year, providing mental and behavioral health services, foster and residential care, prevention, and educational assistance.

In particular, our Behavioral Health and Wellness division provides critical support to youth throughout New York City and Westchester with serious behavioral and mental health challenges who have experienced trauma, including child sexual abuse and commercial sexual exploitation. Our goal is to decrease traumatic hospitalizations and to provide youth with resources to stay in their communities and with their families, so that they can minimize their odds of needing intensive services when they grow into independent adults. Our programs include:

- Health Homes, a program that provides case management and community referrals for youth with chronic medical and mental health conditions and/or complex trauma;
- Community and Family Treatment Support Services, our suite of psychiatric supports, family and peer counseling, and psychosocial rehabilitation services provided right in a family's home or community setting;
- Home and Community Based Services, providing family advocacy and respite for young people with complex medical and/or psychiatric diagnoses;
- Center for Healing, which provides evidence-based and trauma-informed treatment for youth who have experienced sexual abuse or commercial sexual exploitation;
- Psychology Services, the JCCA department that provides assessment and evidence-based treatment to children in our foster and residential programs; and
- The Brooklyn Child and Adolescent Guidance Center, our Article 31 Clinic, which provides psychiatric evaluations, therapy, and medication management.

I appreciate that this information is quite dense, but there's a reason our programming is so extensive. We aim to provide a continuum of care, from comparatively light-touch services to the more intensive and integrated care necessary for youth with the most acute and complex needs. This continuum accommodates the considerable range of needs we see among the young people coming through our doors; it also allows us to best serve existing clients as their needs

change over time. Simply put, there are fewer “gaps” or “cracks” for a vulnerable young person to fall through.

The current mental health crisis among young people has been widely reported on, and the data are stark. The CDC reports mental health–related emergency department visits among teens increased by 31% during the pandemic. There are often not enough beds to admit all the youth that need them. The Coalition for Behavioral Health reports that the pandemic sparked a 77% increase in demand for behavioral health services in New York. Many programs are stretched beyond capacity. Nearly every negative indicator of youth mental health—depression, anxiety, disordered eating—is on the rise, not to mention suicide, which is already the 3rd leading cause of death among individuals aged 10-24[1].

The situation may be overwhelming, but government and care providers are indeed taking steps to address it. Last year, in collaboration with the NYS Office of Mental Health, JCCA became the first Youth ACT provider in New York City. Our Youth ACT team meets the acute mental health crisis among young people head on, serving youth with Serious Emotional Disturbance who are at risk of, or have recently returned from, psychiatric hospitalizations. I am proud to say that our Youth ACT team has already made significant progress during their first months of operations, preventing hospitalizations and resolving behavioral incidents, providing youth with socio-emotional support and stability so that they can function in their community.

A concrete example will help illustrate the needs of the clients we serve and the kinds of interventions we make. The very first Youth ACT enrollee was referred after a series of suicide attempts, most of which were related to overdosing on his psychotropic medication. His mother,

[1] https://afsp.org/facts/new-york

who was struggling with a high-risk pregnancy at the time, was overwhelmed by her son's psychiatric needs, and at a loss as to how to support him. The Youth ACT team was able to address this family's needs on several levels. They purchased a lock box for the youth's medications, removing an immediate risk of self-harm. They provided treatment to the youth to address his mental health needs, while simultaneously supporting his mother through psychoeducation and collateral treatment. This combination of interventions has helped this youth to avoid hospitalization for the past five months.

Our behavioral health programs provide wraparound services to youth with a range of diagnostic needs and levels of acuity, and several of these—Youth ACT, CFTSS, HCBS, and Health Homes—deliver services directly in the communities and homes in which our clients reside. We find that meeting our clients where they are is key to improving engagement – thereby reducing self-harm, hospitalization, behavioral incidents, and other severe outcomes.

Our programs can also work together to best meet the needs of vulnerable youth. We recently worked with a five-year-old experiencing trauma due to the death of her mother. When her grandmother sought our assistance, the child was self-isolating, behaviorally dysregulated, and struggling in school. A multi-team collaboration between our Health Homes, CFTSS, and Psychology staff allowed for consistent interventions across settings, and has helped the grandmother to feel more capable of caring for the child as well as managing her own feelings of loss and bereavement. Currently, this child is more socially active, better behaved at school, and enjoying an improved relationship with her grandmother—who plans to adopt her.

Challenges and Recommendations

While we have been successful in supporting young people with serious mental health needs, our programs continue to face significant challenges. Programs are poorly funded;

reimbursement rates are often only enough to cover the direct care, not the infrastructure and support staff that make that care possible. We also face workforce shortages as we expand and look to hire clinicians. We need additional funds from the city to be able to recruit and retain staff, as well as to expand programming to meet demand. In particular:

- The City should establish, fund and enforce an automatic annual cost-of-living adjustment on all mental health contracts. Inflation is high and we need to offer competitive wages.
- The City should establish targeted incentives for the mental health workforce, especially approaches that increase diversity in our workforce and support equity for our colleagues in non-profit mental health, including:
    - Loan forgiveness and tuition assistance;
    - Subsidizing test prep to assist staff in licensure exams;
    - Salary scales on contracts that include competitive wages for non-Masters level staff.

Regulations and red tape have at times hindered our ability to move at the pace the current crisis requires. We are not always able to hire the most eligible candidates, for example, and there are many administrative hurdles in seeking payment due from Managed Care Organizations. These issues divert attention from our essential client-facing work. We ask for the help of City Council to advocate on behalf of mental and behavioral health providers, like JCCA, in order to address these barriers so that we can focus our resources on providing care to vulnerable young people. We know from our daily work that life-changing and life-saving interventions are very much possible, and especially worth investing in at this critical moment.

Conclusion

We greatly appreciate the opportunity to testify at this hearing and look forward to collaborating to help New York City's youth access critical mental health services.

Accessing Mental Health Services for NYC Youth

Testimony on behalf of Northside Center for Child Development

Dr. Hazel Guzman, Director Behavioral Health

11/9/22

Committee on Mental Health, Disabilities & Addiction - Linda Lee, Chairperson

jointly with the **Committee on Youth Services** - Althea Stevens, Chairperson

I am the Director of Behavioral Health at Northside Center for Child Development, an East Harlem based family mental health clinic serving at risk children in Harlem and throughout the City. Through Northside's Clinic in Schools program, the clinic also serves students in 15 school-based satellite clinics. On the issues affecting New York City Youth's access to mental health services, what Northside's clinicians and I see firsthand is:

First, psychosocial stressors plaguing our society seem to have substantially increased our client's struggles with personal crises, depression and anxiety.

Second, most Mental Health Clinics serving children and adolescents are overwhelmed by long waiting lists, leaving distressed youth waiting far too long for much needed mental health services.

Third, there are too few programs serving youth whose acute mental health needs require day treatment, partial hospitalization or full inpatient psychiatric care.

Fourth, due to a limited number of available beds, inpatient psychiatric facilities often release youths prematurely, leaving their severe mental health issues inadequately addressed.

Fifth, that often, even when sufficient step-down care is available, clients have to battle with managed care organizations that refuse to pay for these vital services.[1]

[1] At https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/ we see the coalition of pediatricians and psychiatrists referred to in my testimony make this point, where they called on "on policymakers at all levels of government and advocates for children and adolescents to address…the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding by expanding access to step-down programs from inpatient units, short-stay stabilization units, and community-based response teams."

To see New York City's youth lack of access to mental health care in a national framework, I note that in the fall of 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association **declared a national emergency in child and adolescent mental health.**[2] They called for several initiatives I'm confident other experts testifying today have or will also call for, including increased funding for mental health resources, more integration of mental health care into schools and primary care, more community-based systems to connect people to mental health programs, new strategies to increase the number of mental health providers, and ensuring that there's insurance coverage for mental health care. I've attached a copy of their joint statement to my written testimony. I urge Committee members to review and consider all nine recommendations from this collaboration of some of our country's finest pediatricians and psychiatrists.

Finally, I note that as a member of The Coalition of Behavioral Health, the Clinical Team at Northside strongly supports the testimony of our colleagues from the Coalition. We agree:

- That the City should provide additional funds to help Mental Health care providers recruit and retain staff by funding competitive wages and at the same time, lock in cost-of-living adjustments. Going forward, this will ensure that the City's mental health care providers maintain adequate staffing levels to meet the mental health care needs of the City's children.
- That the City should fund tuition assistance and loan forgiveness for mental health professionals working in the not-for-profit sector.
- That the City should invest $28,500,000 to bolster school based mental health clinics.
- That the City should integrate additional mental health services into all City schools and develop referral pathways to quality mental health care.

[2] Ibid

- That the City should fund and provide anxiety screening for all children eight and over.
- That the City should fund and provide depression screening for children twelve and over.

On behalf of all of us at Northside, I thank Committee Chairs Linda Lee and Althea Stevens, all Committee Members, their staff members, and all of my colleagues for all of the work you do to provide sufficient and excellent mental health care for the City's at-risk children.

The Samaritans of New York, Inc. (Suicide Prevention Center)

Testimony to the New York City Council Committees on Mental Health, Disabilities & Addiction and the Committee on Youth Services Joint Hearing on
Oversight - Accessing Mental Health Services for NYC Youth.

Wednesday, November 9, 2022

Thank you, Chairs Lee and Stevens, for the opportunity to speak today.

I'm Fiodhna O'Grady and I am here representing The Samaritans of New York's suicide prevention center who for 40 years has operated NYC's only anonymous and ***completely*** confidential suicide prevention hotline and our education programs in all five boroughs. Almost a year ago, US Surgeon General, Vivek Murthy, issued an advisory on the youth mental health crisis stating "It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place."

I am here today to echo those sentiments. Mental health outcomes for our children and young people have continued to deteriorate and the impact is most severe on vulnerable populations.

We must do more!

In New York City:

- Latina adolescents have the highest rate of suicide attempts among their peers. (NYS, OMH).
- Black children die by suicide at 2x the rate of white children (NYS, OMH).
- 1 in 3 transgender youth in New York City have seriously considered suicide, and 2 in 5 report having attempted suicide (NYS, OMH).

Two-thirds of LGBTQ+ youth said their mental health has deteriorated because of recent anti-LGBTQ+ legislation across the country. (Trevor, 2022).

36% of NYC high school students report feeling "persistently sad or hopeless" (YRBS) and 1 in 5 teens say they had suicidal thoughts. (CDC, 2022).

Mental health emergency department visits have increased by 50% for adolescent females (Radhakrishnan, Y.E., et al., 2021)

Fiodhna O'Grady (917) 536-3849 fogrady@samaritansnyc.org samaritansnyc.org

We must do more to support our youth and the providers who are tasked with caring for them!

In this constantly changing, fast-paced landscape we currently occupy, caregiver's are often playing catch-up to the pressing issues facing young people. It is paramount that providers are given the tools, education, training and support they need.

Samaritans education program adapts to real-time concerns and doesn't take a "one-size fits all" approach.

In FY22, with Council funding, Samaritans provided this essential suicide prevention and awareness education, training and support to 1,972 guidance counselors, social workers, psychologists, and more working in hundreds of NYC schools, CBOs and government agencies

Samaritans' education program is bolstered by our Council-funded Hotline which is staffed entirely by community volunteers who donate $800,000 in free labor annually making our Hotline one of the City's most cost-effective crisis services.

Samaritans hotline is the go-to service for underserved populations and offers a safe alternative to formal clinical or government-run programs.

We applaud the Council's continued commitment to making New York City's youth and wellbeing a top priority and we are here to help!

Thank you for your time.

Fiodhna O'Grady (917) 536-3849 fogrady@samaritansnyc.org samaritansnyc.org

Special Support Services, LLC | 1060 Ocean Avenue, Suite F8 | Brooklyn, NY 11226 | 631-403-0569

Testimony for Oversight - Accessing Mental Health Services for NYC Youth (T2022-2313)

Joint Committee: Committee on Mental Health, Disabilities, and Addiction and Committee on Youth Services for 11.9.2022

My name is Jennifer Choi, I'm a Queens resident, a parent of two high school students with IEPs, and I am a special education advocate at Special Support Services.

This week, Chalkbeat reported that in New York City, 41% of students had chronic absenteeism, meaning they missed more than 18 days of school in a year. In the disability community, we call this problem "School Refusal" because it really is about the student not being able to attend school due to disability. In just two weeks, our group surveyed 140 families in our city, suffering from School Refusal and we found:

1. 34% of respondents said their children expressed thoughts of harming themselves. For 57% of families, School Refusal symptoms had not surfaced prior to the COVID-19 Pandemic.
2. The majority of respondents noted School Refusal behaviors that last over 6 months and happen intermittently.
3. Only 14% of the respondents had an attendance teacher call or visit the home.
4. 11% of the respondents answered that their school did nothing.
5. **35% of parents volunteered to speak to the media and lawmakers** about their child's experience with School Refusal.
6. Parents reported the top 3 signs of School Refusal as
    a. the child engaging in frequent and substantive arguments with parents about going to school
    b. physically refusing to go to school
    c. complaints of pains that lacked medical basis.

I am here to say that the DOE response to School Refusal of students terribly lacks disability-based strategies. For example, students are supposed to have attendance teachers come to their homes when they are out for 10 days straight. This is called “407” but students with disabilities need a different threshold. Our survey found that students with disabilities had intermittent periods of absences that varied in length. My own child missed 42 days of school and no one came to our home to help us because he never missed ten days straight.

If you look at the DOE’s 57-page guide to combat chronic absenteeism, called Every Student Every Day, two important things are missing even though students with disabilities are a considerable population in the chronic absentee population.

- No specific protocol to investigate whether or not the student is missing school due to disability
- No guidance or protocol on how to assess if the school refusal is stemming from the failure to provide needed services based on the student’s IEP or considering if the current IEP needs to be further developed

In some cases, like my child’s, they can no longer attend public school and require expensive therapeutic settings after months or years of failure and trauma. I had begged the school for help but they only told me to call ACS for help. Everything they tried to do did not work and while I asked them to call the Central Office for help, they would not.

I know we can do better. Please help our students with disabilities.

Thank you.

Jennifer Choi
Managing Member and Advocate
Special Support Services, LLC
11.10. 2022

THE BROTHERHOOD SISTER SOL

New York City Council Hearing – 9 November 2022

Testimony by Gisela Rosa, Organizer of The Brotherhood Sister Sol

My name is Gisela Rosa and I am a Youth Organizer and Alumni Facilitator at The Brotherhood Sister Sol.

I was born and raised in New York City and I attended public schools my entire life. While in high school in NYC, I always noticed the lack of support students were receiving academically, emotionally, and mentally. The inability to provide NYC students with the resources needed in order to deal with the hardships they come across speaks volumes. Imagine being a student dealing with so much, that it is mentally and physically taking a toll on you – affecting your sanity, your performance in school, draining you. Imagine too that there is nothing you can do about it and that the people who can fix this refuse too. What do you think it's like believing that your school, the whole public school system, and your city does not intend to ever give you the support you desperately NEED.

When I was seventeen years old and a senior in high school, I co-created, with the Liberation Program at The Brotherhood Sister Sol, a campaign to increase student support staff (guidance counselors, therapists, social workers, college advisors, and more) in public schools. Four years have passed since we created that campaign; I am now a college graduate with a Bachelor's degree organizing with the same organization and nothing has changed. Four years and nothing. Let that sink in for a few: four years later for me, decades later for some on my team, and the same conversation continues to resurface over and over and over because nothing has been done about it. Is it not sad? Is it not embarrassing? Are y'all not ashamed?

(tw: suicide) Students in NYC public schools are STILL not being taken seriously when it comes to their mental health. Folks never take mental health serious until someone committs suicide and the conversation about mental health (like this one) circles around, for the millionth time, and it is all talk but nothing is done. So when are y'all finally going to do something about it? This mental health crisis has always been around, it never stopped, it did not just begin. It has simply gotten worse throughout the course of time and especially during the pandemic. After being on lockdown for months, in isolation, wearing masks, social distancing, class through Zoom – students lack the proper tools or resources needed to navigate the world and their futures with mental health issues.

We all know students should have access and opportunities to take care of their mental-health in schools. Many students are always in survival mode.

We need therapists, guidance counselors, social workers in schools. We need our students to be supported academically, emotionally, and mentally. We need them to be heard and to feel seen. We need them to feel like someone cares about the things affecting them, draining them, making it hard to get out of bed, make it to school or even perform the way they used to or can. We need to talk about how hard school is and how there are days that you are so in your thoughts about your life, your family, your childhood, your future, your goals and have no way out of your head. No one talks about how students in high school are suffering from depression, anxiety, stress, eating disorders, and even substance use disorders.

I do not want to be having this same conversation whether it is a year or four from now. I want better for students NOW! Please do not let a tragedy happen for y'all to finally step in and do what y'all been asked to do for years. Increase student support staff. Prioritize mental health in NYC public schools. Let students have access and the opportunity to take care of their mental health. Listen to youth! Listen to youth when they talk about their mental health issues and what they are going through.

Y'all have already disappointed seventeen and twenty-two year old me, do not disappoint twenty-six year old me.

Thank you.

For more information regarding our campaign, please contact Gisela Rosa (gisela@brotherhood-sistersol.org, 212.283.7044).

THE BROTHERHOOD SISTER SOL

New York City Council Hearing – 9 November 2022

Testimony by Dr. Marsha Jean-Charles, Director of Organizing of The Brotherhood Sister Sol

For more than 25 years, we at The Brotherhood Sister Sol (BroSis) have been at the forefront of social justice, educating, organizing, and training to challenge inequity and champion opportunity for all. With a focus on Black and Latinx youth, BroSis is where young people claim the power of their history, identity and community to build the future they want to see. Through unconditional love, around-the-clock support and wraparound programming, we make space for Black and Latinx young people to examine their roots, define their stories and awaken their agency. We educate, we organize, we train. It is in doing this that we have cultivated a cadre of young organizers who themselves are demanding change in New York City schools.

We, at BroSis, continue to be deeply concerned by the fact that our schools remain underfunded, under-resourced, and without holistic support for student success. Our vision for education in New York City includes safe, restorative, and healing environments where all students have the opportunity to learn and grow. To meet this goal, we must equitably resource New York State public schools with support staff, not police.

In a nation in which 14 million students are in schools with police but no counselor, nurse, psychologist, or social worker, New York City has more school safety agents (SSAs) than any other school district in the U.S. The presence of police in our schools has disproportionately impacted students who are low-income, Black, and Latinx, who are more likely to be the subject of exclusionary discipline and police response at school than their white peers. Ending the school-to-prison pipeline must be seen as something of equal importance to student mental health as is increasing student supports.

For some context: this past school year (2021-2022), the youngest person restrained was 6 years and the youngest person restrained by metal handcuffs was 8 years. This is all, even though no one under 12 is to be restrained per the 2019 reforms under former Mayor de Blasio. Last year, 12 youth under 12 were. Furthermore, a total of 827 young people were restrained using metal handcuffs – and we have no way to know who was in distress thereafter or because of their detainment. Additionally, of these 827 incidents in which metal restraints were used, 22.1% were child in crisis incidents and in 67.4% of these incidents Black and “Black Hispanic” youth were detained and in 23.9% of these incidents “White Hispanic” were. A grand total of 91.3% of youth who were detained in metal handcuffs last year – 755 young people – were Black and Latinx and this number is consistent with data from previous years. Are we to pretend that this kind of racial

profiling does not impact student mental health? For the folks who believe that detainment must mean criminal behavior, I wish to be exceedingly clear, it certainly does not and *only* 35.3% of 827 these incidents even resulted in an arrest let alone a conviction!

The need for mental health support for our young people has also increased due to the COVID-19 pandemic. In December of 2021, U.S Surgeon General Vivek H. Murthy issued a public health advisory, stating that we are experiencing a "devastating mental health crisis among American youth," one made much worse by the COVID-19 pandemic. For this reason, we implore New York City and State elected officials to create a budget that funds a student-to-student-support-staff ratio of 1:100. This will necessitate an increase in the budget for NYS public schools so as to quadruple the number of student support staff – including but not limited to Guidance Counselors, Career Counselors, College Counselors, Therapists, and Social Workers. This vision for education in New York State includes safe, restorative, healing environments where all students have the opportunity to learn and grow.

In order for New York state to reach industry recommended ratios for school social workers and guidance counselors, it would cost an estimated additional $401 million and $147 million, respectively, per year. To ensure that each school district had at least one school psychologist, it would cost the state approximately $7,200,000 more per year. In order for New York state to achieve a ratio of one professional to 100 students for social workers, guidance counselors, and school psychologists, it would cost an additional estimated $1.5 billion, $1.2 billion, and $1.9 billion, respectively, per year. This kind of change will require investment on the city and state level.

We need our elected officials to invest in our students, their successes, and their academic futures. We agree that "federal, state, and local dollars must prioritize counselors, psychologists, social workers, and nurses instead of police." We must deconstruct the school-to-prison pipeline and fund student mental health and, we must do this now in order to safeguard our young people. Increasing access to quality, social workers, school psychologists, and nurses while creating solutions and not suspensions is a great way to invest in our larger communities and our holistic futures.

For more information regarding our campaign, please contact Dr. Marsha Jean-Charles (mjc@brotherhood-sistersol.org, 212.283.7044).

The New York City Council

Oversight: Mental Health Prevention

November 9, 2022

Testimony of

Ms. Daphne Torres-Douglas, LCSW-R

Vice President for Behavioral Health Services

I am Daphne Torres-Douglas, the Vice President for Behavioral Health Services at The Children's Village, Harlem Dowling and Inwood House – three organizations founded in Manhattan in the early and mid-1800s.

Today, we provide one of the broadest continuum preventive programming in New York. Our continuum includes evidence-based family therapy diversion programs to keep at-risk teens with families, non-secure detention when out-of-home care is needed, and long-term support to help youth live in community and at home safely. All of these interventions rely heavily on youth services, including Prevention Services.

Mental health stability and wellbeing are essential building blocks in youth development. When stability and wellbeing are met, youth have the foundation needed to navigate life successfully into adulthood. Mental health stability and wellbeing means that youth are developing appropriate social skills, coping skills and distress tolerance skills. Three key ingredients to successful relationship building and communication. The pandemic induced social isolation has directly and indirectly impacted mental health among young people as evidenced by the increased by the increased disconnection from family members, positive peer, faith and social activities, and school. Disconnection that is negatively impacting school re-entry and truancy in certain neighborhoods. Citizens' Committee for Children reports that depression and anxiety has risen significantly with rates of about 37% for young children and close to 50% for emerging adults. In addition, mental health related emergency visits has increased 31% for children between ages 11 and 17. Compounding these increases is that reality that we do not have enough practitioners (April 2021) to meet the need.

However, the young people and families that we serve are not any more mentally ill than others. Yes, there are real issues of mental health and an unmet need due to a lack of qualified practitioners, but for most, their mental health is a symptom of years of stress. Stressors that are a direct result of intentionally segregated communities, communities that lack thoughtful sustained investment, burdened by high-density, low-quality homes, a lack of safe public spaces, and under performing schools. Some of our schools are reporting chronic absenteeism of 40%. Estimates are that roughly 375,000 NYC youth missing school and falling too far behind, and as the NYT reported, over 100,000 of these school children were homeless last year. Post COVID, we are also seeing many youth who lost parents and caregivers to COVID-19 struggling, but as you saw in our interview with the Beltran family on CSB Sunday Morning, with the right help and support from family, they can and they do succeed.

Our experience over the past two decades demonstrates that, with the right level of support that provides access to and addresses the basic needs, most children can remain safely with their families and successfully navigate socially and educationally. Addressing mental health is fundamental to basic need. And, in our experience, for the subset of children who have experienced severe abuse, mental illness, and other trauma resulting in extensive behavioral health needs, validating families and their experience while supporting them can lead to better outcomes. Here is what our experience informs us works;

Youth need access to peer interaction opportunities that foster social skill building and peer support. This can provide the skill for conflict resolution and perspective taking; both significant building blocks needed for adult socialization. Prosocial opportunities are too few and far too expensive yet have been proven to help youth build capacity to related and engage.

Youth need access to extra educational support. Outreach from preventive treatment models embedded in schools that help parents link with schools and partner to ensure enrollment, attendance and day to day success in the classroom has proven to open opportunities for young people both as children and as adults. And, no, all this cannot be virtual. Yes, there are youth who respond well to virtual engagement, but most of those who are disconnected, benefit from the physical hand-holding and physical interaction.

Youth and families who want mental health services, need access. There needs to be an intentional shift and systemic approach to racial equity and financial investment in the mental health workforce, schools, communities, and high quality, affordable prosocial interactive opportunities to reduce the impact of trauma, poverty and social isolation; thus, reducing anxiety, depression and other mental/behavioral health issues.

While focusing on child mental health, effective preventive mental health services also actively encourage family engagement and ensure that we build a network of people committed to child well being and safety, both physical and emotional. This fosters trusting relationships and safe connections that lend to reinforcing emotion regulation and social skills; also reducing anxiety, depression and other mental/behavioral health issues.

NYC Council Hearing on Mental Health Services for Youth
November 9, 2022

Thank you for the opportunity to speak today and to advocate for increased mental health support for young people in need. My name is Phoebe Richman. I'm a Licensed Clinical Social Worker and the Clinical Supervisor for the Counseling Center at The Door, where I've worked closely with disconnected and underserved New York City youth for the past eight years.

The Door was established in 1972 with the innovative vision of meeting young people where they are and providing them with comprehensive and integrated services to meet their complex needs and enable them to reach their full potential. We serve up to 11,000 youth annually across our four NYC locations: our main site in SoHo, which houses both our adolescent health center and our counseling center, our supportive housing sites on the Lower East Side, and our satellite youth center in the South Bronx. At The Door, youth between ages 12 and 24 can access everything from health care and education to mental health counseling and crisis intervention, legal assistance, high school equivalency and college preparation services, career development, housing support, arts, sports and recreational activities, and nutritious meals – all for free and in a diverse, caring, and supportive environment.

Mental health support at The Door is grounded in these same principles of holistic, youth-centered care. We provide a range of options for young people to get the care they need, from individual psychotherapy and psychiatry appointments to mental health supports embedded within our medical center, drop-in center, career services, arts and recreation, and legal services center. In the last year, we engaged close to 1,000 young people in our continuum of mental health services, encompassing nearly 6,000 individual contacts. Staff at The Door build strong relationships that increase trust and reduce barriers to access, and we create a safe and non-judgmental space for young people to tell their stories.

The Covid-19 pandemic stopped the world in its tracks, interrupting our routines and structures in an unprecedented way. Young people missed out on significant developmental milestones, from high school graduations to moving away from home for the first time. They were increasingly isolated for their physical safety but to their mental and emotional detriment, while simultaneously struggling to develop their independence in emerging adulthood. For those who had left unsafe home environments, many were forced back into those spaces and the dangerous dynamics they had worked hard to separate themselves from. For those who were unhoused or without family ties, the pandemic added additional fear and anxiety to an already dire state of crisis. Activities like classes, groups, sports, and arts, and support systems at schools and in communities, which were previously used to cope when challenges arose, were suddenly inaccessible, and existing mental health symptoms were exacerbated. As we shift from the acute pandemic into a more hybrid phase, young people are having to relearn what it means to move through the world and are navigating these mental health symptoms, sometimes for the first time. This mental health crisis, along with a promising trend of reduced stigma in discussing mental health issues, has exponentially increased demand for mental health services at The Door and at agencies across the city.

Increased demand has come up against another significant consequence of the pandemic: widespread provider burnout and the "great resignation." Mental health providers have experienced many of the same traumas, losses, and sustained stressors as our clients while taking on the vicarious trauma of those they support every day. This has led to high rates of turnover, difficulty filling vacant positions, and experienced providers leaving the field for jobs with more flexibility and higher pay.

Given this decreased capacity and increased demand, we have seen more and more young people come in with mental health needs going unmet. For those who are approaching age 24, when we can no longer serve them at The Door, or who need a level of care beyond the scope of our programs, referral options are alarmingly limited—with waitlists up to 6 months for an intake appointment or clinics that are closed to new clients altogether. While we do what we can to infuse mental health support in each of the services provided at The Door, it can often feel like we are trying to do it all, and we struggle to connect our young people to an opaque and complex system outside of our walls.

I truly appreciate the focus being put on this issue and urge these committees to advocate for increased capacity building across youth-serving programs. This could mean infusing mental health providers and funding into workforce training, education, and case management programming, or encouraging stronger linkages between providers to more seamlessly transition clients to the support they need. It also means increasing funding to support mental health providers themselves, allowing for more comprehensive professional development, burnout prevention, and compensation that better aligns with their value. Thank you again for your time.

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Testimony of United Neighborhood Houses
Before the New York City Council Committees on Youth Services and Mental Health, Disabilities, & Addiction
Council Member Althea Stevens, Chair, Youth Services Committee
Council Member Linda Lee, Chair, Mental Health, Disabilities, & Addiction Committee

Oversight: Youth Mental Health Access
Submitted by Dante Bravo, Youth Policy Analyst
November 09, 2022

Thank you, Chair Stevens, Chair Lee and members of the New York City Council, for the opportunity to testify. My name is Dante Bravo, and I am the Youth Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing 46 neighborhood settlement houses, 40 in New York City, that reach 765,000 New Yorkers from all walks of life.

Settlement houses have been on the frontlines of serving their communities throughout the COVID-19 crisis, and will remain critical partners in our City's recovery. The pandemic has resulted in enormous new mental health needs, including across-the-board increases in anxiety, depression, isolation, and grief. It is more critical than ever that the City invest in mental health services. Since before the pandemic, UNH members have provided a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance abuse treatment programs, PROS programs, Geriatric Mental Health, and many others.

Young people in particular are in the midst of an incredible public mental health crisis. In late 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) declared a National State of Emergency in Children's Mental Health; and the Surgeon General followed suit by declaring a Youth Mental Health Crisis. This impact is amplified in youth of color, low-income youth, and more young people at the intersections of multiple oppressed identities.

During the first few months of the COVID-19 pandemic, 1 in 600 Black children and 1 in 700 Latinx children lost their parent or caregiver to the pandemic in New York State, more than double the rate of white children.[1] More than half of those parent deaths were in the Bronx, Brooklyn, and Queens. In addition, the Settlement House American Rescue Plan (SHARP) impact study also found that, "financial and material challenges are consistently associated with mental health distress, and yet nearly a third of New York City residents live in an area considered a mental health care Health Professional Shortage Area."[2]

[1] Taken from The City publication, 2022
[2] Settlement House American Rescue Plan (SHARP) report, 2022

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In short, the City must intentionally invest in specific mental health care infrastructure accessible to young people of all backgrounds. Without this thoughtful focus, the City risks having a generation of young people vulnerable to a wide range of negative health effects, including lower self-esteem, a higher risk of suicide, and symptoms of mental illnesses. UNH urges the City to take the following recommendations:

- Invest $28.4M in School-based Mental Health Clinics so that young people in crisis can seek the help they need
- Recognize the value of CBO-school partnerships by finding sustainable funding sources for programs such as the Community Schools Initiative so that young people can access multiple resources for their mental health needs
- Coordinate new programming like Project Pivot to work in concert with existing programming to ensure swift delivery of services to youth and support CBOs already engaging with the mental health needs of their communities
- Strengthen a commitment to restorative justice practices in schools that champion socio-emotional learning to create preventative measures for youth mental health

Invest $28.5 million in School-Based Mental Health Clinics

The City currently has 280 school-based mental health clinics, which feature community-based providers who operate satellite sites of their licensed Article 28 or 31 clinics in schools. Providers can offer group and individual therapy, clinical treatment, diagnosis, crisis mental health services, support for teachers, family support, and more. These clinics work to improve overall school wellness. They integrate with broader community-based services to support whole families, and seek to reduce punitive measures for children experiencing mental health challenges.

The City should make a robust, $28.5 million investment in expanding school-based mental health clinics in the FY 2024 budget. This funding would support the creation of 100 new sites over the next two years (due to the time it takes for city procurement, state licensure, and securing space and staff), costing $150,000 per program. It would also provide increases of $75,000 per program to the existing 280 providers. Notably, staff retention at existing school-based clinics is a challenge due in large part to a lack of pay parity between community-based providers and DOE-employed professionals, including school social workers.

While clinics receive funding by billing health insurance, this is insufficient because insurance does not cover school wellness activities like mental health education and training; Medicaid does not cover services to children without a diagnosis; and commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service. Further, because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools, and ultimately cost the City less than hiring a DOE school social worker.

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Maintain and Fund Community Schools Sustainably

To meet the growing need for quality mental health services so that we can set up young people across New York City with the tools they need to move towards a brighter future, UNH recommends that the City lean on an already established program: the community schools initiative. In FY22, a combination of funding resources (including federal stimulus dollars, City administrative funding, and Council discretionary funds) supported this initiative after the austerity measures of the previous fiscal year. In FY 23, advocates pushed for City Council to restore $9.16M for 52 Community schools that would experience a reduction in funding from an Office of Community Schools' new funding formula.

Specifically, the success of the community schools is built on the pillars of integrated student supports, expanded learning time and opportunities, family and community engagement, and collaborative leadership and practices. These inextricable elements work together to address socioeconomic and health disparities in schools and communities, particularly mental health needs for both students and families through a partnership between school staff and community based organizations to deliver wraparound services.

Given their track record of success[3], the New York State Education Department recommended the community schools model as part of their reopening guidance to school districts,[4] and the City committed to using federal stimulus funding to expand the number of NYC community schools from 266 to 406. The community school model is the best strategy for supporting the education spectrum – academic, enrichment, student and family support, engagement/reengagement and restorative justice policies and practices, and have also served as community centers of mental health through depression/anxiety screenings, in-house mental health services and referrals to larger networks of support outside of the school. Community schools are also an investment in conflict mediation, a pliable model for delivering mental health services to young people to meet them where they are, and can be spaces for families to begin the steps of accessing culturally competent care for their young people.

Unfortunately, the City has yet to develop a long term sustainable funding solution for community schools, and while federal stimulus dollars will partially sustain them until 2025, the future of these neighborhood mental health centers is in jeopardy without a commitment to baselined City funding. Securing the future of community schools before federal stimulus funding begins to taper off in 2023 is key to ensuring long-term recovery and sustained mental health support in communities hardest hit by the COVID-19 pandemic.

The Need for Intentional Program Coordination: Project Pivot and Anti-Violence Programming

UNH supports the goals of Project Pivot, a one-year $9 million anti-violence program built on CBO/school partnerships announced by Mayor Adams and Chancellor David Banks on October

[3] The RAND Corporation released a comprehensive report on the impact of NYC community schools accessible here.
[4] Guidance accessible here

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6, 2022[5]; UNH also urges the City to consider the need for the constant coordination of existing services in schools for anti-violence work connected to mental health.

Many CBOs are already working in their local schools because of the drastic need for this work in so many communities across New York City. In particular, settlement houses have described their anti-violence work in local schools in their area as necessary but in need of additional support to hire more staff, offer more training, and be able to pay youth worker professionals higher rates to avoid high levels of staff turnover in this sensitive work.

Settlement houses will continue to be a resource for young people, regardless of the limited resources at their disposal. This work can only grow if CBOs' partners in City government recognize the value of this partnership so that all parties can work together. Anti-violence work at its core is trauma informed, mental health work that is impactful on a community rather than individual level, and Project Pivot demonstrates this administration's commitment to that kind of community work. At the same time, UNH urges the City to learn from the success of coordinating wraparound services with CBO partners in Community Schools and other School/CBO partnerships to ensure that young people have the best possible access to mental health care that suits their needs.

Invest in Restorative Justice Programming

Restorative justice programming focuses on understanding the core of student misbehavior in their classes and the conflict they may have with their peers. These practices can range from adult or peer facilitated circles (e.g., for building community, addressing harm, providing support, facilitating reentry); mediation; informal one-on-one conversations; and mental health support from a trauma-informed clinical lens, among many other supports.[6]

The City must invest in the Citywide expansion and full implementation of school-wide restorative justice practices, which includes hiring a restorative justice coordinator for each school; training all staff and interested members of school communities; providing young people with training and stipends to lead restorative practices; and partnering with community-based organizations to support this work. By building and healing relationships, addressing the root causes of behavior, and holding students accountable, restorative practices are correlated with improved academic outcomes, school climate, and staff-student relationships. UNH was excited to see that Summer 2022 saw a restoration of $20 million to support this important work for the 2022-2023 school year, but disappointed to hear that it was through temporary stimulus funding that threatens to destabilize the gains of this work when these funds expire in Fiscal Year 2026.

UNH therefore recommends the City invests $118.5 million of baselined, sustainable funding so that schools can hire a Restorative Justice Coordinator in every school in New York City. While this commitment may be higher than previous years, this investment demonstrates a

[5] More information on Project Pivot here
[6] Taken from the Center for Court Innovation's brief on restorative justice practices

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commitment to enact these preventative measures for all young people, alleviating future demand for youth mental health services and returning incredible benefit from this investment.

Conclusion

It is UNH's ultimate goal that any New York City youth who needs quality mental health care can access it quickly and through trusted community resources that can deliver these services with the utmost cultural competence and expertise necessary. For that to happen, the City must work in partnership with CBOs already leading the charge in meeting these needs and bolster these efforts with sustainable funding and intentional coordination of these services to maximize access for young people and their communities.

Thank you for your time and the opportunity to testify today. For more information, or to answer any additional questions, you can reach me at dbravo@unhny.org.

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Testimony of University Settlement before the New York City Council

Joint Hearing on Accessing Mental Health Services for NYC Youth

Committee on Youth Services, Chair Althea Stevens

Committee on Mental Health, Disabilities and Addiction, Chair Linda Lee

Submitted by Mary Adams, Associate Executive Director
for Mental Health at University Settlement

November 9, 2022

Thank you for the opportunity to submit testimony on this important matter. Since 1886, University Settlement has been providing holistic social services to New York families. Currently, we have over 30 program locations across Lower Manhattan and Brooklyn, where we provide programs including early childhood education, youth afterschool, mental health services for all ages, tenant support, and older adults.

As a community-driven, social justice organization, University Settlement has historically understood and sought to meet the gaps in mental health services for our communities. We have developed a strong and robust continuum of services for children and families ranging from programs that serve young children (0 – 5 years) who have been exposed to trauma to clinic services for children and adults and a host of family support programs that reach into the community.

We know firsthand the increased need for mental health services for youth—we see it in our clinic, in home visits, and in schools every day. To meet this need, the city must allocate the necessary funds to support the operations and expansion of preventative and supportive mental health programs.

In just the last two years, we've responded to increased stress, anxiety, and mental health needs by integrating multi-tiered mental health services into our 17 youth development programs, developing our "Connection Circles" group processing model, and our strong collaboration with School District 1 and Trinity Church Wall Street established a district-wide partnership to expand multi-tiered mental health services into all schools.

And still, we're finding it's not enough. Due to insufficient funding, there are too many children and families we cannot serve. Our clinic's waitlist is approaching 100, and we continue to see an increase in referrals from schools and the community.

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Many families and children lack insurance or have commercial insurers that do not provide sufficient reimbursement and regulatory barriers block access to services for many. Despite our organization leveraging the new Medicaid Child and Family Treatment and Support Services (CFTSS), which offers comprehensive community-based preventative mental health services for families without the regulatory barriers of a school-based mental health clinic, we are finding that close to 30% of families referred cannot access these services due to not having Medicaid. Moreover, the rates do not cover start-up and overhead costs, as well as the critical family engagement necessary to support destigmatizing mental health and make access to services **accessible.**

Additionally, developing children need more than a once a week 45-minute session in a therapist's office to support their mental health. While adding DOE social workers has been helpful, ultimately their time, scope and location often cannot meet the family and community level factors influencing a child's well-being. In our partnership with these school social workers, we've seen first-hand the increase in referrals from these social workers for family therapy at home or after-school.

Children and families need the broad integration of universal knowledge and practices regarding child and youth mental health into all youth serving programs and services. Such foundational information would benefit all NYC children giving them access to baseline wellness knowledge and social and emotional coping skills. Children that are identified as being at risk for mental health problems need to access supportive and preventive services in real time within schools and community settings.

We know this level of mental health support would offset the need for more intensive, and expensive, services in many cases. But there is no funding allocated for such integration. CBO's and nonprofits with decades of community-based expertise in mental health operate with shoestring budgets lacking adequate administrative support in contracts and insufficient insurance reimbursement rates that barely cover costs of clinician's salaries. Inadequate funding limits our ability to recruit and retain staff, undermining longevity and sustainability in a workforce navigating secondary trauma every day. It's alarming that as the need for services is rising, the workforce seems to be shrinking.

We have an opportunity to be bold and to do what hasn't been done before. As a city, we must invest in reimagining our system, or we risk losing the expertise and fragile network that exists. The Mayor's Child and Family Mental Health Task Force has already brought together leading experts in our city to build a framework for child and family mental health, which is a step in the right direction. However, to meet our shared goals of promoting the mental health and social development of our city, decreasing mental health challenges, and ensuring access to high-quality, culturally competent services – there must be a steep investment in the community-based organizations relied upon to deliver the community-based services that move the needle on community care.

Thank you for your time. I would be happy to answer any questions at marya@universitysettlement.org.

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New York City Council

Committee on Mental Health, Disabilities and Addiction

Committee on Youth Services

HEARING RE: ACCESSING MENTAL HEALTH SERVICES FOR NEW YORK CITY YOUTH

Wednesday, November 9, 2022

Testimony prepared by:

Lisa Furst, LMSW, MPH

Chief Program Officer

Vibrant Emotional Health

(Formerly the Mental Health Association of New York City, Inc.)

Thank you to Councilmember Linda Lee and the Council Committees on Mental Health, Disabilities and Addiction and to Councilmember Althea Stevens and the Committee on Youth Services for the opportunity to submit testimony on the issue of accessing mental health services for New York City youth.

Vibrant Emotional Health (Vibrant), formerly known as the Mental Health Association of New York City, has provided direct services, public education and advocacy services to New York City for over 50 years. Throughout its history, Vibrant has been engaged in promoting the mental health of children, youth, families and adults, particularly for those living in marginalized communities. Vibrant currently operates a variety of programs providing direct support to youth, including Family and Youth Peer Support services in the Bronx, Queens and Staten Island, Adolescent Skills Centers in the Bronx, Queens and Manhattan, as well as preventive programs and Children and Family Treatment and Support Services in the Bronx and Manhattan. Each of these programs serves children and youth living with mental, emotional or behavioral health challenges and works to support them, and their families, to promote emotional health and help them attain their goals for overall wellbeing. In addition, Vibrant operates NYC Well, the City's mental health and emotional support hotline, which is available 24/7 to support youth with mental health needs and their parents/caregivers.

As a result of this direct services experience, Vibrant staff has witnessed firsthand the challenges associated with locating and accessing appropriate clinical services for children and youth across the city. These include, but are not limited to: 1) **overall lack of culturally and linguistically competent services** widely available in each of the boroughs; 2) **long wait lists for those services that are available**, increasing the likelihood of mental health crises among youth and subsequent visits to emergency departments; 3) **encountering clinicians who are not trained in**

the most current, evidence-based treatment methods for addressing acute mental health symptoms and engaging youth and families; 4) **lack of capacity to provide evidence based treatments for trauma** as well as other trauma-informed practices; 5) **high clinician turnover in agency-based practice**, resulting in treatment delays and interruptions; 6) **encountering unsafe conditions while traveling to and from treatment** locations; and 7) **challenges utilizing telehealth services for some youth and families**, particularly if they are not equipped with the necessary technology or homes are not adequately equipped with broadband internet access.

We are seeing an ever-increasing demand for mental health services as children and youth struggle more frequently with symptoms of depression, anxiety, suicidal ideation and other emotional health challenges with the advent of the pandemic and its associated stressors. It is now recommended that children 8 years old and over be screened for anxiety, while children 12 years old and over should also be screened for depression. **The youngest New Yorkers are also experiencing higher levels of mental health crisis, including suicidal ideation and/or attempts. At particular risk are children and youth from the BIPOC community, particularly Black boys, who are experiencing suicidal crisis at historic rates. Suicide is the leading cause of death for Asian American youth and is also the second leading cause of death for young people nationally.**

As the need for child/youth mental health services increases, the mental health service sector is experiencing historic workforce challenges, with vacant positions remaining unfilled due to low salaries or the demands associated with providing services in under-resourced settings. In order to address these workforce challenges, **the City should provide additional discretionary funds to recruit for vacant positions, increase wages for existing roles, and**

expand programs to better meet community demand for services. In addition, **New York City should establish, fund and ensure an automatic annual cost of living adjustment (COLA)** for all city mental health contracts in order to enable organizations to retain staff and reduce turnover.

Additionally, **the City should incentivize growth in the mental health workforce by instituting loan forgiveness programs and direct tuition assistance for mental health professionals committed to agency-based practice in public and non-profit settings**. As many clinical positions require certification or licensure, **it is also important that the City provide funding to support test preparation and fees** associated with obtaining these credentials. For positions that do not require a master's degree or licensure, such as those in case or care management, family and/or youth peer support and other roles, **contracts must** ensure **salary scales are required in order to keep wages in pace with the cost of living and are competitive enough to attract workers to the sector**.

One important barrier to care is the lack of services available in those settings where children and youth naturally congregate, such as schools and other enrichment programs. As youth are developmentally peer-oriented, **it is important that the City support the growth of Youth Peer Advocacy so that youth with mental health challenges can be supported by other youth who have lived experience of recovery**. In addition, it is critical that those who work with or care for youth, such as parents/caregivers, teachers, coaches, youth group and faith leaders, among others, receive mental health education to raise their awareness of common mental health challenges among youth and increase their knowledge of available supports as well as their ability to connect youth to care. It is important that New York City schools have the resources they need to implement mental health education, as mandated by New York State law.

One critical way to accomplish education for those working with youth as well as increasing access to care is by expanding access to mental health services in school settings. For example, The Coalition for Behavioral Health, representing the mental health service sector in New York City, and of which Vibrant is a member, recommends that the City invest at least $28,500,000 to shore up funding for the 200 currently existing mental health clinics based in schools and to bring school-based mental health clinics into 100 additional schools, for a total of 300 programs available to New York City students. These on-site programs enable students to access needed mental health services, including crisis management, psychiatry, medication management, individual and group counseling and support for families in a known setting without requiring them to seek external services that may be difficult to access or may not be able to provide services in the languages that students are most comfortable speaking. **It is critical for the City to provide funding for this expansion, as clinical services are primarily funded through revenue from billing insurance programs, such as commercial insurance or Medicaid, the rates of which are insufficient to support the true costs of providing services.**

Thank you for this opportunity to submit this testimony. We are grateful for the New York City Council having made this opportunity possible, and we are available at the Council's convenience to assist in its efforts to support the emotional well-being of New York City's children, youth and their families.

THE LEGAL AID SOCIETY
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TESTIMONY

Oversight -- Accessing Mental Health Services for NYC Youth

New York City Council
Linda Lee, Chair, Committee on Mental Health, Disabilities, and Addiction
Althea V. Stevens, Chair, Committee on Youth Services

THE LEGAL AID SOCIETY
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November 9, 2022

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Introduction

The Legal Aid Society (LAS) welcomes this opportunity to testify before the New York City Council Committee on Mental Health, Disabilities, and Addiction and the Committee on Youth Services regarding mental health services for youth within the five boroughs. We thank Linda Lee, Chair of the Committee on Mental Health, Disabilities and Addiction, as well as Althea Stevens, Chair of the Committee on Youth Services, for offering the opportunity to highlight some of the critical issues in this area.

About The Legal Aid Society

The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society operates three major practices — Civil, Criminal and Juvenile Rights Practice through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States, and it brings a depth and breadth of perspective that is unmatched in the legal profession.

Legal Aid's Juvenile Rights Practice ("JRP") provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. JRP also has an Education Advocacy Project. Our staff typically represent approximately 34,000 children each year. Our perspective comes from daily contact with children and their families, and also from our frequent interactions with the courts, social service providers, and State and City agencies. The Society's Civil Practice provides free direct legal assistance through a network of 10 neighborhood and courthouse-based offices in all five boroughs and 23 city-wide and specialized units, including a Homeless Rights Project, HIV/AIDS Representation Project, and an Education Law Project. The LGBTQ+ Law and Policy Unit works across all three of the Society's Practice areas to increase LGBTQ+ cultural humility and improve legal and societal outcomes for LGBTQ+ New Yorkers through litigation and policy reform efforts. The Unit's goal is to raise critical awareness of the systemic oppression that LGBTQ+ people, especially communities of color, experience within our legal system through the use of research, policy advocacy, impact litigation, and community.

In addition to its individual representation, The Legal Aid Society also seeks to create broader, more powerful systemic change for society as a whole through its law reform representation. These efforts have benefitted some two million low-income families and individuals

in New York City and the landmark rulings in many of these cases have had a state-wide and national impact. Our experiences engaging in courtroom and other advocacy on behalf of our clients as well as through coalition building with other stakeholders informs our testimony.

Children and Youth Are Suffering a Mental Health Crisis as a Result of the Pandemic.

According to United States Surgeon General Vivek Murthy, "[e]ven before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide," rates of which "have increased over the past decade."[1] Indeed, as of 2019 a third of high school students, "and half of female students reported persistent feelings of sadness or hopelessness," at a rate 40% higher than that reported in 2009.[2]

Since the pandemic, the drastic changes to how children attended school, interacted with friends, and received health care, along with the recent racial reckoning following the murder of George Floyd, exacerbated an already existing mental health crisis amongst youth. Global research shows that "depressive and anxiety symptoms doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms."[3] Between 2019 and 2021, suicide attempts among teenage girls shot up an alarming 51%, and a 4% increase in suicide attempts was seen among teenage boys in that time period.[4]

Given these bleak statistics, it is ever more important that the City take action to improve access to adequate mental health services for youth. Without access: the stability of poor Black and brown families is in jeopardy; youth are at increased risk of becoming involved with the juvenile and criminal legal systems; and our already vulnerable LGBTQ+ and runaway and homeless youth populations are at increased risk of suffering the consequences of mental illness.

Access to Mental Health Services Is Critical to Keeping Families Together.

Despite being one of the wealthiest nations the United States has a poverty rate that surpasses that of many other industrialized nations. In New York City prior to the COVID-19 pandemic, over half of New Yorkers were living either near or in poverty.[5] The trauma and stress experienced by

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[1] Press Release, *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic*, U.S. Dep't of Health & Human Serv. (December 7, 2021), retrieved from 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.

[2] The U.S. Pub. Health. Serv. Comm'ned Corps., Protecting Youth Mental Health: The U.S. Surgeon General's Advisory at 3 (2021), available at https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.

[3] *Id.*

[4] *Id.*

[5] *Poverty Measure: The New York City Government Poverty Measure 2019*, The Mayor's Office for Economic Opportunity, available at https://www.nyc.gov/site/opportunity/poverty-in-nyc/poverty-measure.page.

those living in poverty increases their risk of mental health problems.[6] Although many families living in poverty greatly need mental health care, few are able to access high-quality mental health services or even access any mental health services in a timely fashion.[7] Depriving parents and children timely access to needed mental health services places children at increased risk of maltreatment.[8] As such, it is the unfortunate reality that a lack of adequate mental health services frequently precipitates children's entry into foster care.

Not only does a lack of access to mental health treatment lead to the needless placement of children into foster care, but children's mental health wellbeing diminishes even further when they enter foster care. According to the American Academy of Pediatrics, the family separation that occurs when a child enters foster care "can cause irreparable harm [to a child], disrupting a child's brain architecture and affecting his or her short- and long-term health."[9] When separated from families, children suffer lifelong consequences as a result of the prolonged exposure to toxic stress.[10] Therefore, it is no surprise that nearly 80% of children in foster care battle mental health issues, compared to just 18-22% of children in the general population.[11]

A lack of access to mental health treatment also often continues during foster care, lengthening family separation and impeding reunification of families. In our experience, children who require mental health services are frequently inadequately supported in family foster care and instead moved to more restrictive congregate institutional settings where they often languish for extended periods of time. These children then often age out of foster care without a significant adult connection to support them into adulthood.[12]

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[6] Stacy Hodgkinson, PhD, Leandra Godoy, PhD, Lee Savio Beers, MD, and Amy Lewin, PsyD, *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, 139 Pediatrics 1 (2017), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5192088/#B4.

[7] *Id*. *See also*, Embry Howell, Joshua McFeeters, *Children's mental health care: differences by race/ethnicity in urban/rural areas*, 19 J. of Health Care for the Poor and Underserved 1 (Feb. 2008).

[8] *See e.g.*, Patricia Logan-Greene and Annette Semanchin Jones, *Predicting chronic neglect: Understanding risk and protective factors for CPS-involved families*, 23 Child & Fam. Soc. Work 4 (Oct. 2017) (finding that parent cognitive impairment and parent mental health problems are among the strongest predictors of chronic neglect), summary available at https://www.casey.org/a2a-predicting-chronic-neglect/; Amanda Venta, Luis Velez, and Jason Lau, *The Role of Parental Depressive Symptoms in Predicting Dysfunctional Discipline Among Parents at High-Risk for Child Maltreatment*, J. of Child & Fam. Studies 25 (June 14, 2016).

[9] Colleen Kraft, MD, AAP Statement Opposing Separation of Children and Parents at the Border (May 8, 2018), available at https://docs.house.gov/meetings/IF/IF14/20180719/108572/HHRG-115-IF14-20180719-SD004.pdf.

[10] *Id*.

[11] *Mental Health and Foster Care*, Nat'l Conference of State Leg. (Nov. 1, 2019), retrieved from https://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx.

[12] Given the dismal statistics regarding the outcomes of youth aging out of foster care, the Fair Futures program is a tremendous step in the right direction. However, it is crucial that Fair Futures receive additional funding to ensure that there are enough coaches, tutors, and specialists to work with all youth in need.

It is also important to note that out of home placements disrupt mental health and educational services. All children who enter foster care, including LGBTQ+ youth, are at risk of having their medication management, weekly therapy, or psychotherapeutic treatment disrupted upon an initial and sudden placement into foster care. Many of our clients, including LGBTQ+ clients, who have built affirming and long-term relationships with mental health providers suddenly find themselves cut off from those services at the time when they would be most critical in maintaining stability. It is critical for ACS to create a system for continuity of mental health treatment and services, as placement into foster care and alienation from family and community are themselves triggers for mental instability and trauma.

An additional obstacle to access to mental health services for youth in foster care arises because foster care agencies commonly refer the youth in their care to mental health care providers within the agency. This creates a conflict of interest as information health provider staff typically share information with case planning staff. For instance, youth often find that highly personal information shared with their therapist, including, for example, suicidal ideations, sexual activity, or comments on family dynamics, may wind up included in case planning reports shared with the court, violating confidential patient-therapist communications and eroding the child's trust and ultimately engagement with services. Further, where family therapy may be provided by agency employed therapists, there may often be a reluctance on the part of the parent to acknowledge faults for fear of retribution by the agency. When we, as advocates, push for children and families to be referred to services outside of the agency, children are often met with months long waitlists, increasing the delay in access to care.

NYC's public schools present an excellent opportunity to bridge the gap in mental health services for children and ideally help to reduce child welfare or juvenile legal system involvement. However, as of 2021, 423 NYC schools had no social workers at all and 166 had only part-time social workers.[13] Additionally, school budgets were cut by over $200 million dollars for FY 2023 and the net decrease in school budgets for FY 2024 will be $295 million.[14]

Virtually all children in foster care are Medicaid eligible. However, New York's provision of intensive, community-based mental health services for children with serious mental health needs who are dependent upon Medicaid is woefully inadequate.[15] Although this is a state-wide issue,

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[14] *Testimony of Sarita Subramanian,* Assistant Director for Education, New York City Independent Budget office, Department of Education's Fiscal Year 2023 School Budgets, New York City Council Committee on Education and Oversight and Investigations (June 24, 2022), available at https://ibo.nyc.ny.us/iboreports/2022-june-school-funding-testimony.pdf.

[15] See *New York State Failed to Provide Legally Required Mental Health Care to Kids, Lawsuit Claims*, ProPublica, March 2022, available at https://www.propublica.org/article/new-york-state-failed-to-provide-legally-required-mental-health-care-to-kids-lawsuit-claims

based on our experience working with some of New York City's most systems-impacted young people, NYC Department of Health and Mental Hygiene (DOHMH) could be doing more to ensure that these services are available to all of those who need them.

New York City must increase access to mental health services at the front end of the child welfare system by taking actions such as increasing funding to employ more social workers in public school settings and focusing on providing services in high poverty, under-resourced neighborhoods. New York City must also ensure that, when families are separated, they receive the care that they need to reunify. It is critical that the City incentivize foster care agencies to connect children and family to outside providers. Where there is a lack of providers accepting Medicaid, the City should not only incentivize foster care agencies to allocate funds to pay for the mental health treatment by private providers, but the City should also encourage mental health providers to accept Medicaid by awarding subsidies to those who do and, if possible, streamlining the process of seeking reimbursement from Medicaid.

Finally, it is worth noting that non-traditional forms of therapy are often the most effective for children.[16] As a result, foster care agencies should be incentivized to provide access to a full array of forms of therapy, such as art and music therapy, to improve engagement. Foster care agencies should also ensure they have therapists offering remote care, as this may make it easier for children or parents juggling many responsibilities or transportation issues to access services.

Lack of Adequate Mental Health Services Can Lead to Juvenile and/or Criminal Legal System Involvement

Youth diagnosed with mental health disorders continue to be disproportionately represented in the juvenile legal system.[17] Indeed, juvenile legal system-involved youth "have more significant behavioral health concerns . . . , adverse childhood experiences, and mental health problems compared with the general youth population."[18] There are many families without access to appropriate mental health services. Often, when their children are in crisis, these families call the 911 and ask for their child to be taken to the hospital. The police usually arrive in response to the call and instead of bringing the child to the hospital, the police make an arrest. So, instead of obtaining help, the child enters the juvenile legal system. Sometimes the police will bring the child

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[16] *See, e.g.*, Traci Stein, PhD, MPH, *Ten Complementary Therapies That Can Help Children*, GoodTherapy (May 28, 2012), available at https://www.goodtherapy.org/blog/ten-complementary-therapies-that-can-help-children-0528124.
[17] *Intersection between Mental Health and the Juvenile Justice System*, Literature Review: A Product of the Model Programs Guide, Office of Juvenile Justice & Delinquency Prevention (July 2017), https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/intsection_between_mental_health_and_the_juvenile_justice_system.pdf.
[18] Gail A. Wasserman, Ph.D. et. al., *The Missing Link(age): Multilevel Contributors to Service Uptake Failure Among Youths on Community Justice Supervision*, 72 Psychiatric Serv. 5, at 548 (Mar. 26, 2021), available at https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.202000163.

to the hospital, post-arrest. But in these scenarios, the hospital is focused on clearing the child not treating them.

Furthermore, substance use is common among justice-involved youth, with over 70% of arrested youth having experimented with drugs and over one-third being diagnosed with a substance use disorder.[19] When problematic substance use is left untreated, justice-involved youth are more likely to recidivate.[20] It is therefore crucial, as noted above, that adequate resources be provided to ensure that children and their parents are able to access mental health services to reduce involvement in the juvenile legal system.

We are generally impressed with the provision of mental health services to children in detention through a contract with Bellevue Hospital. However, some children have had difficulty accessing services in detention. In addition, children who are not in detention, which is the vast majority of children charged in Family or Criminal Court continue to have difficulty accessing mental health services.

Access to Mental Health Services Is Imperative for LGBTQ+ Youth Who Are at Increased Risk of Depression, Anxiety, and Suicidal Ideation

LGBTQ+ youth not only endure the typical struggles of adolescence, but also often experience chronic stress stemming from bias, harassment, and abuse on the basis of their gender identity or sexual orientation both at home and in the public sphere. These stressors can lead to a greater need for mental health services, both for the youth and for their families. Chronic stress often leads to higher levels of depression and anxiety, causing LGBTQ+ youth to have a higher risk of suicidal ideation and attempted suicide. A recent report found that 45% of LGBTQ+ youth seriously considered suicide in the past year, with higher rates amongst LGBTQ+ youth of color and transgender and nonbinary youth.[21] Homelessness and housing instability can have particularly strong negative mental health impacts on LGBTQ+ youth, in particular transgender and nonbinary youth.[22] Despite the need for mental health services, over 60% of LGBTQ youth who sought such care were unable to get it because of lack of parental support and fears that the services would not be affirming and respectful of their identity.[23]

[19] Rodney Funk, et. al., *Substance use prevention services in juvenile justice and behavioral health: results from a national survey*, Health & Justice 8, at 2 (May 13, 2020), accessible from https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-020-00114-6#citeas.
[20] *Id*.
[21] The Trevor Project, *2022 National Survey on LGBTQ Youth Mental Health* (2022), *available at* https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf.
[22] The Trevor Project, *Homelessness and Housing Instability Among LGBTQ Youth* (2021), *available at* https://www.thetrevorproject.org/wp-content/uploads/2022/02/Trevor-Project-Homelessness-Report.pdf.
[23] *See supra* n. 16.

Given their experience with family rejection, lack of support services, and institutional discrimination, LGTBQ+ youth are overrepresented in the child welfare, juvenile legal, criminal legal and runaway and homeless youth systems, also known as "out-of-home care systems." A recent study conducted by ACS found that 34.1% of youths ages 13-20 in New York City foster care are LGBTQ+ and those youth are disproportionately youth of color.[24] 13.2% of this number are transgender, gender nonbinary, gender fluid, gender nonconforming, or intersex youth.[25] The report further found that LGBTQ+ youth were more likely to be placed in group homes or residential care rather than family-based care and had less supportive familial relationships.[26] In light of this treatment, LGBTQ+ youth in care also reported more depressive symptoms than their non-LGBTQ+ peers.[27] A growing body of research also demonstrates that LGBTQ+ youth, particularly LGBTQ+ youth of color, are overrepresented in the juvenile legal system, including detention.[28]

The Legal Aid Society represents children in these various out-of-home care systems. We see many children who have been rejected by their families, and who have lacked access to meaningful reparative intervention while they were still in their homes. Some children have been forced out of their homes by caretakers who are not able to accept the youth's sexual or gender identity. Others have been placed into foster care because of bullying, abusive name calling, shaming, or pressure to conform that is inflicted by family members. Neglectful or abusive behavior by a caretaker or parent can escalate and lead to the initiation of a child protective case and Family Court involvement. Familial rejection can similarly increase youth involvement in the juvenile legal system, resulting in placement in detention because their parents are unwilling to take the children home. Other LGBTQ+ youth are criminalized for their survival behavior such as running away or surviving on the streets after being ejected from their homes.

Given the many ways in which LGBTQ+ youth can come in contact with out-of-home care systems, and the need to prevent system involvement, where possible, NYC must provide a comprehensive array of mental health services for these children and their families.

I. Community and home-based services must be increased to serve LGBTQ+ young people and their families

Community and home-based services are an essential part of a continuum of mental health services for LGBTQ+ young people and their families. Indeed, the lack of available or effective home-based interventions can lead to foster care placement. Community based services for youth

[24] Theo G.M. Sandfort et al., *Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City: Disproportionality and Disparities* (2020), *available at* https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf.
[25] *Id.*
[26] *Id.*
[27] *Id.*
[28] Center for American Progress, et al., *Unjust: LGBTQ Youth Incarcerated in the Juvenile Justice System* (June 2017).

should be offered to youth independently or jointly with families, and the process should be confidential. These services must be geographically, linguistically, and culturally accessible.[29] Home-based services are particularly important to provide families with enhanced communication skills training and information regarding positive adolescent development, and should stress the importance of family acceptance of the youth's sexual orientation or gender identity.

Frustratingly, the array of effective home-based support services that could help families understand, support, and affirm LGBTQ+ young people in New York continues to be insufficient. Even rejecting families have been found to express a desire to resolve family conflict related to their child's LGBTQ+ identity.[30] These families are directly impacted by a lack of available home-based supports. We urge the City to invest in such programming.

There are additional steps that NYC could take to enhance the provision of services to LGBTQ+ youth and their families. These include encouraging mental health providers to have an LGBTQ+ unit or liaison, as many young people are not even willing to attend services because they fear discrimination; creating a media campaign to inform youth of the availability of affirming and inclusive services, as many youth fear discrimination; providing more mobile crisis vans, which would help reduce police involvement, particularly benefitting LGBTQ+ youth of color in over-policed communities; and providing more funding for LGBTQ+ youth spaces and drop in centers.

II. It is imperative that ACS continue to work to address the particular needs of the LGBTQ+ youth in its care

ACS is responsible for the care of children in or at risk of placement in foster care across the City as well as those in the juvenile legal system. As previously mentioned, 34.1% of youth in ACS care identify as LGBTQ+ and 13.2 % of that number are transgender, gender nonbinary, gender fluid, gender nonconforming, or intersex.[31] Although ACS has developed an action plan in recognition of the disproportionate number of LGBTQ+ youth in its care, there are additional and immediate steps needed to ensure the mental health and wellbeing of LGBTQ+ youth in care.

First and foremost, it is essential that the mental health needs of young people are properly identified and met. Youth should receive comprehensive mental health screenings upon placement in foster care, administered by personnel who are trained in conducting interviews with youth about sexual orientation and gender identity, and if mental health services are necessary they should only be provided by mental health professionals who offer gender-affirming mental health services. Unfortunately, some ACS clinicians have pathologized and displayed bias towards our clients

[29] Wilber, S. et al., *Best Practice Guidelines: Serving LGBT Youth in Out-of-Homes Care* 19 (Child Welfare League of America 2006).
[30] Id. p. 18.
[31] *See supra* n. 22.

because of their sexual orientation and gender identity, leading to more restrictive placements. ACS must take affirmative steps to ensure its clinicians have trauma-informed training on the experiences of LGBTQ+ youth and are versed in the standards of care for transgender and gender expansive people promulgated by the World Professional Association for Transgender Health (WPATH).

ACS's policy regarding LGBTQ+ youth in care must also be promptly updated. Currently, the policy states that hormone treatment and other transition-related care are not covered by Medicaid, when such care has in fact been covered since 2016. This misinformation – also located on the ACS webpage dedicated to LGBTQ+ youth – perpetuates stigma around transition-related care and leads to harmful delays in treatment. Requests for transition-related care and related mental health services are time sensitive, particularly for adolescents, and failure to timely provide that care can lead to negative mental health outcomes, including suicidal ideation.[32] Some of our clients have had to wait exceedingly long for an appropriate referral, leading to significant mental distress. Facilities responsible for housing children involved in the juvenile legal or child protective systems should all have procedures for young people to submit confidential requests for consultation or counseling related to gender identity, gender expression, intersex status, or gender transition from mental health personnel.

Second, ACS and provider agencies must do more to expand the number of affirming foster home placements. As of January 2021, 29.3% of LGBTQ+ youth were in group homes or residential care rather than family-based care in contrast to 20.8% non-LGBTQ+ youth.[33] Disturbingly, more LGBTQ+ youth heard staff refer to them as "hard to place."[34] Our clients have often been forced to stay in temporary shelter placements, sometimes for months, while ACS attempted to locate an affirming and appropriate foster home. Other clients have been placed in more restrictive placements than is necessary or indicated, simply due to a shortage of affirming foster homes within the five boroughs. ACS must have additional resources to recruit, train, and support affirming foster care families.

As it expands its recruitment of LGBTQ+ families, ACS must also take additional steps to ensure group homes and congregate care settings are affirming by holding providers accountable to non-discrimination law and ACS policy. All contracted providers should also make LGBTQ+ resources, such as information about affirming health care services and LGBTQ+ youth centers, readily available and visible to youth, and use inclusive and non-hetero-centric language in their facilities. Youth placed in out-of-home care settings should be placed in settings according to their

[32] Recent studies confirm the linkage between pubertal suppressants for transgender adolescents and decrease in suicidal ideation. *See* Jack L. Turban, et al., *Pubertal Suppression for Transgender youth and Risk of Suicidal Ideation*, Pediatrics 145(2):e20191725 (2020); Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Non-Binary Youths Receiving Gender-Affirming Care* (Jan. 10, 2022), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423.

[33] *See supra* n. 22.

[34] Id.

self-identified gender. Placing trans youth in settings solely on the basis of their biological gender can create a host of mental health issues such as suicidal ideation, depression, and gender dysphoria.[35]

Finally, aftercare and transitional services for LGBTQ+ youth who are discharged from foster care or from the juvenile legal system are critical to ensure youth have access to supportive community that can act as a buffer against further contact with the criminal legal system, homelessness, and related mental health issues. People leaving the foster care system or juvenile detention frequently experience isolation from community and an absence of familial, financial, and emotional support, often leading to homelessness, which in turn can steer children towards a variety of high-risk behaviors, such as involvement with the street economy and sexual exploitation.[36]

Lack of Mental Health Services Perpetuates Homelessness and Joblessness Among Our Runaway and Homeless Youth Population

Because youth experiencing or at risk of homelessness suffer higher rates of mental health issues, prioritizing their mental health is key to their long-term success.[37] Importantly, LGBTQ+ youth comprise a large portion of the young people who rely upon the runaway and homeless youth (RHY) shelter system. RHY are generally defined as unaccompanied young people who have run away or been forced to leave home and now reside in temporary situations, places not otherwise intended for habitation, or emergency shelters. The federal Runaway and Homeless Youth Act defines the population as being between 12 and 24 years of age. As of April 2017, New York State redefined RHY to be anyone under the age of 25 years. The National Alliance to End Homelessness estimates that between 1.3 and 1.7 million youth experience one night of homelessness within a year, with over half a million experiencing homelessness for a week or longer.[38] Looking at this another

[35] Safe Havens, at 1. "Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/ or surgery are not available. The current term is more descriptive than the previous DSM-IV term gender identity disorder and focuses on dysphoria as the clinical problem, not identity per se." Am. Psychiatric Ass'n, Diagnostic and Statistical Manual of Mental Disorders 451 (5th ed. 2015).

[36] Dank, M., et al. The Urban Institute, Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex, February 2015; Youth Justice Board, Center for Court Innovation, Homeless Not Hopeless: A Report on Homeless Youth and the Justice System in New York City, June, 2017.

[37] *Mental Health and Youth Homelessness: Understanding the Overlaps*, Nat'l Clearinghouse on Homeless Youth & Families, Family & Youth Services Bureau Runaway and Homeless Youth Program, https://rhyclearinghouse.acf.hhs.gov/mental-health-and-youth-homelessness-understanding-overlaps-1#:~:text=Youth%20experiencing%20or%20at%20risk,individuals'%20ability%20to%20seek%20treatment.

[38] National Alliance to End Homelessness. (2012) An Emerging Framework for Ending Unaccompanied Youth Homelessness NAEH typology.

way, one in ten young adults between the ages of 18 and 25 experience some form of homelessness in the course of a year.[39]

As is the case with so many other marginalized and system-involved populations we work with, youth of color and LGBTQ+/TGNCI youth are vastly overrepresented in the RHY population. In fact, LGBTQ+ youth are at more than double the risk of homelessness compared to non-LGBTQ+ peers.[40] Recent research has shown that this increased risk is often tied to "coming out" to their family, but often does not occur in the immediate aftermath but "as the result of family instability and frayed relationships over time."[41] Moreover, as described more extensively above, the lack of safe spaces in their communities also prevents young LGBTQ+ folks from engaging in services that would otherwise help mitigate the deterioration of familial relationships and prevent homelessness.[42]

RHY experience harm that negatively impacts their health. The National Network for Youth's report on "Consequences of Youth Homelessness" details the myriad harms that confront all RHY, including increased mental health problems and trauma, substance use, exposure to victimization and criminal activity, and unsafe sex practices.[43] However, while all youth experiencing homelessness for even a short time face increased adversity, trauma and risk of harm, LGBTQ+ youth reported more physical harm compared to their non-LGBTQ+ peers in addition to higher levels of discrimination both within and outside of their families, being forced to have sex or engaging in sex work to satisfy basic needs such as food and shelter.[44] These youth are also more likely to harm themselves and are at risk for early death.[45] As class counsel for RHY in a lawsuit brought against New York City in 2013, attorneys and staff at The Legal Aid Society have first-hand exposure to these trends in the stories of our young clients experiencing homelessness.

The Department of Youth and Community Development (DYCD) has been designated the county youth bureau for New York City, responsible for serving RHY under the NY Runaway and Homeless Youth Act.[46] Outcomes for many homeless youth improve with increased access to youth-

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[39] Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Page 5. http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf

[40] Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago. Page 3. https://www.chapinhall.org/wp-content/uploads/VoYC-LGBTQ-Brief-FINAL.pdf

[41] Id at 3.

[42] Id.

[43] https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf

[44] Id.

[45] Id.

[46] The recently-enacted New York State budget for SFY 2018-19 included amendments to the NYRHYA that expand the age range for RHY services and youth-centered beds to 25 years old. The amendments will take effect January 1, 2018. (SFY 2018-19 Budget, Part M S2006-c/30060c; *see* https://www.budget.ny.gov/pubs/press/2017/pressRelease17_enactedPassage.html. Under the changes to the NYRHYA,

specific shelters and services. This was proven in a groundbreaking white paper released by the Center for Drug Use and HIV Research at New York University's Rory Meyers College of Nursing in collaboration with the Coalition for Homeless Youth. One of the most significant findings of the study is that high quality RHY programs not only meet basic requirements, but "address higher order relational, psychological, and motivational needs… fostering a sense of resilience among RHY" and providing long-term benefits to a youth's functioning.[47] In short, well-funded, high quality RHY programs make a positive impact on a youth's ability to stabilize and successfully transition from crisis to independence. While more research is needed to evaluate the long-term benefits of RHY services, understanding that these programs make a proven difference to the youth they serve gives further support to why we continue to push for more youth-specific shelter beds and services.

Access to quality medical and mental health services can truly allow young people to transform their lives. Access to meaningful healthcare and related services for RHY is vital as it often has a direct impact upon their ability to access services and housing to which they are entitled. For example, without a mental health evaluation, a homeless young person with significant mental health needs will be denied access to supportive housing. RHY service providers know too well how hard it is to get youth prepared for discharge, including obtaining required evaluations so that they may stabilize or even receive benefits. The Legal Aid Society testified in May 2017 about the new ThriveNYC initiatives that supported increased funding for mental health services within the RHY system. ThriveNYC's data underscores how childhood exposure to adverse events impacts lifetime chronic illness and mental health, and how LGBTQ+ youth experience twice as much bullying in school as cisgender youth. Myriad risk factors impact a youth's ability to access stable housing, hold down a job or focus on school, which are three important components of a youth's path to stabilizing and eventually exiting shelter into the community. Before ThriveNYC's intervention on behalf of RHY and a recent influx of additional services from the Unity Project, RHY had little to no access to City-funded mental health services, and this lack of access exacerbated the difficulties they faced when engaging with the various City safety nets. These challenges can be overcome if the City agencies charged with providing benefits to RHY increased community and agency collaboration.

Further, despite the increase in funding for life-saving medical and mental health services for RHY, which finally allows for provider agencies to receive government funding to support the mental health needs of youth in their programs, far too many RHY still utilize the City's emergency rooms for both physical and mental health needs. Almost all youth who are trying to transition into long-term housing need specific evaluations in order to receive services that will enable them to stabilize and access housing. At current funding levels, even the most competent or well-meaning RHY provider or mental health clinician cannot begin to address the need for the required

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municipalities are not mandated but can opt in to providing RHY services to youth up to age 25, but this change does reflect what youth, advocates, and providers have been saying here in NYC for years: there is an urgent need for youth specific shelters and services available to youth up to their 25th birthday.

[47] Id. at 16.

evaluations, in addition to the long-term mental health needs of all RHY. Consequently, RHY may be denied needed housing and/or services because they lack access to mental health evaluations.

Of note, in 2021 New York City received a $15 million grant from the Federal Department of Housing and Urban Development (HUD) as part of the Youth Homelessness Demonstration Program (YHDP). Over the course of the next several months, multiple City agencies and human services providers and other stakeholders came together with youth with lived experience of homelessness to develop NYC's Coordinated Community Plan to prevent and end youth homelessness, Opportunity Starts with a Home (OSH).[48] Among the mental health-related objectives of OSH are: DOHMH to work with DYCD and community-based organizations to increase awareness and accessibility of crisis respite for youth and young adults (YYA) experiencing mental or emotional health crises; DYCD to explore the feasibility of a transitional independent living program (TIL) for YYA with several and persistent mental illness, including needed partnerships from additional City agencies; to enhance mental health services in YYA shelter and housing programs; DYCD to require RHY programs to have formal connections with nearby health clinics; and DOHMH to explore work being done by DOHMH and other City agencies to increase access to mental health care in a variety of settings.[49]

OSH is now in the early stages of implementation, and we encourage the Council to monitor the City's progress in meeting its aims. In particular, RHY providers have long advocated for the creation of specialized TIL programs for youth with more serious mental health needs; while the OSH objective calls for DYCD to explore the feasibility of such a program, we note that the DHS system includes this type of program for adults experiencing homelessness, and we urge the Council to push the City to complete its feasibility study and move forward with bringing this needed service into existence. In addition, while DYCD-funded drop-in centers receive some funding to provide mental health services, additional funding is needed to meet the needs of YYA experiencing homelessness for both treatment and evaluations that are needed to enable them to access housing.

Significantly, the City has put forth more resources over the last few years to increase the number of beds that are available to youth experiencing homelessness and provide some resources for mental health services. However, the need is great and there is more work to be done.

Conclusion

Thank you again to the Committees on Mental Health, Disabilities, and Addiction and Youth Services for looking closely at how to best improve access to mental health services for the youth of New York City. We are happy to answer any questions.

[48] New York City YHDP Planning Committee. (2022). *Opportunity Starts with a Home: New York City's Plan to Prevent and End Youth Homelessness*. New York City, NY: New York City YHDP Planning Committee
[49] Id.

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Testimony of Judith Gil, DSW, LCSW-R,
Deputy Director of Mental Health, Children's Aid
Submitted Testimony – Joint Hearing by the Committee on Mental Health, Disabilities & Addiction and the Committee on Youth Services
Oversight: Accessing Mental Health Services by NYC Youth
November 9, 2022

My name is Judith Gil, DSW, LCSW-R, Deputy Director of Mental Health at Children's Aid. I would like to thank Chairs Diana Ayala and Althea Stevens, and the members of the Mental Health, Disabilities, & Addiction Committee and the Committee on Youth Services for the opportunity to submit this testimony on accessing mental health services by New York City Youth.

For nearly 170 years, Children's Aid has been committed to ensuring that there are no boundaries to the aspirations of young people, and no limits to their potential. We are leading a comprehensive counterattack on the obstacles that threaten kids' achievements in school and in life. We have constructed a continuum of services, positioned every step of the way throughout childhood that builds well-being and prepares young people to succeed at every level of education and every milestone of life. Today our over 2,000 full and part time staff members empower nearly 50,000 children, youth and their families through our network of 40 locations including early childhood education centers, public schools, community centers, as well as school-based and community health clinics. We focus our work in four target neighborhoods where we offer a full array of programs and services that encompass our four domains. Our family support services are citywide. As an agency with a strong state advocacy agenda, we are members of and support the platforms of the New York State School-Based Health Alliance and the Coalition for Behavioral Health. Together, we are on a mission to connect children with what they need to learn, grow, and lead successful, independent lives.

As one of the most comprehensive community-based providers of mental and behavioral health services with two community clinics, six school-based health centers (four of which operate on-site Article 31 Mental Health satellite clinics), remote behavioral health services, as well as home and community-based Child and Family Treatment Services (CFTSS) available to youth across New York City, we recognize that the state of mental health for our youth is precarious. The isolation, grief, and trauma brought on by the COVID-19 pandemic have fueled the proportion of emergency room visits related to mental health among young people ages 12 to 17, increasing by 31% from 2019 to 2020. Following a significant increase in the number of children diagnosed with anxiety and depression, anxiety screenings are now recommended for all children 8 and over, with depression

screenings recommended for children 12 and over. Suicide is increasing at alarming rates, especially for black boys and girls. Suicide is the leading cause of death for Asian American youth and the second leading cause of death for young people nationally. Our youth are experiencing a mental health crisis that is unprecedented in scale and magnitude. Without holistic mental health services, we are concerned about negative outcomes over the long-term.

Within Children's Aid, our behavioral and mental health programs have seen demand increase significantly since the onset of the pandemic. Patient visits for behavioral health services in 2020 increased by 31.3% in comparison to visits in the previous year. Our mental health support has been critical; many of our students and families are facing real loss, fear, anxiety about the future, and depression. In the calendar year 2022, clinicians provided over 13,500 behavioral health sessions, helping to meet a persistent need for mental health support.

Unfortunately, the increase in broad demand for mental health services has been met with a severe shortage of mental health professionals across the nation, and here in New York City. When it comes to behavioral and mental health services for youth and adolescents, demand significantly outpaces provider capacity leading to higher caseloads for existing mental health staff, longer wait times for youth looking to access mental health services, and poorer outcomes for high acuity cases. The shortage of mental health professionals, as well as a competitive market among other providers, the private sector, and government has led to severe hiring and retention challenges. At Children's Aid we have experienced and continue to encounter historic workforce challenges. Earlier this year we experienced vacancies across all of our mental health and behavioral health programs.

As a member of the Coalition for Behavioral Health we stand in solidarity and strongly support the following **workforce recommendations** to stem the severe strain on behavioral and mental health providers:

- We respectfully ask that New York City (the City) provide additional funds so that providers can recruit staff, retain staff with competitive wages, and expand existing mental health programs.
- We request that the City establish, fund, and enforce an automatic annual cost-of-living adjustment on all mental health contracts.
- We recommend that the City establish targeted incentives specifically for the mental health workforce, including:
    - Loan forgiveness and tuition assistance for individuals working or committed to working at non-profit mental health programs;
    - Funding for test preparation to assist staff in passing their licensure exams;
    - Salary scales on contracts that provide competitive wages for care managers, peers, and other non-Masters level positions.

To illustrate the severity of the existing crisis and the impact on youth, we would like to share an anecdote of a current case our behavioral health team has encountered. Please note that the patient's name has been altered to protect their confidentiality. We have been working with a 12-year-old transgender male that is a student in one of our Community Schools where we have a School Based Health Center (SBHC) that provides school based mental health (SBMH). Josh was referred to the SBHC for mental health services because of suicidal thoughts, and although he was in treatment at an outside clinic, he did not feel comfortable with the therapist and wanted to change clinics. Despite the existing wait list at our Children's Aid clinic, Josh was prioritized due to the level of risk he presented and quickly began treatment.

Josh was able to meet the safety plan established within the first session. However, due to ongoing risk issues, he was ultimately sent to the Emergency Room (ER) and hospitalized during his first months of treatment. At the same time, there were significant staffing issues at the School Based Mental Health clinic. In anticipation of the only remaining clinic therapist going on maternity leave, the SBMH director and the therapist collaborated closely with the CA Community Mental Health (CMH) Director in an effort to arrange for seamless transfer of care for Josh so that he wouldn't go for any amount of time without the therapy and psychiatric care that he so needed. Upon discharge from the hospital, Josh was transferred to a new therapist at the CMH program. Since that time, Josh has continued working closely with his therapist at CA's CMH program. He has continued to be very high risk, and to meet his needs, his therapist has often met with him multiple times a week and has also worked with his father in weekly sessions. Josh has had multiple crises during treatment as well (including engaging in non-suicidal self-injury, experiencing increases in suicidal thoughts, and engaging in suicidal behavior), each of which have also been immediately addressed by the CMH therapist and have often led to ER visits and additional hospitalizations.

It has become increasingly clear that Josh is in need of a higher level of care than our program can provide, as his need for very frequent sessions and his frequent need for crisis sessions is beyond what our program is typically set up to provide. However, just as our own agency is experiencing staffing shortages, so are agencies that provide the more appropriate higher levels of care that Josh truly needs. Although he was finally able to get into a short-term Intensive Day Treatment program, he had a long wait before beginning the program, and then upon discharge, he wasn't able to continue at a higher level of care due to no appointment availability for the next 3 - 6 months. He was instead referred for a number of supportive services through the Child & Family Treatment and Support Services (CFTSS) program, but waited over 2 months to have providers assigned due to staffing shortages. While waiting for these services to start, despite every effort on the part of the CMH therapist in seeing Josh and his father frequently, regular appointments with our psychiatrist, and extensive collaboration between CMH therapist, psychiatrist, and Josh's Health Home Care Manager, Josh was again hospitalized. If he were able to get the appropriate level of services that have been so difficult to attain thus far, hospitalization

may have been avoided. While we make every effort possible to fill the gaps when there are staff shortages within our agency, staffing shortages at agencies and programs across the City have continued to impact the care Josh and others like him have been able to receive. This is why the workforce-related recommendations above are so critical.

Increasing Access through existing programs: School-Based Health Centers

A crucial point of health and mental health care access are School Based Health Centers (SBHCs). School Based Health Centers offer primary and preventive health, behavioral health, and dental health services in school-based settings. Being based in schools enables youth to access these services with minimal burden to parents, and prevents youth from missing school time to access care. School Based Health Centers provide high quality, low cost health care, and importantly accept all patients regardless of income, insurance or immigration status.

Children's Aid operates six SBHCs that provide an array of medical, dental, and behavioral health services. In the 2020-2021 school year, our SBHCs served 2,824 students and saw a total number of 10,291 visits, including nearly 4,644 medical visits, 2,512 behavioral health visits and nearly 538 dental visits, as well as 2,597 first aid care visits. Data from fiscal year 2022 recorded 17,807 visits by 3,412 youth. Throughout the COVID-19 pandemic, our School-Based Health Centers played a pivotal role, with some remaining operational in limited capacities. Many of our students engaged in counseling at the onset of the pandemic and were able to continue to receive uninterrupted mental health support through the school year and beyond as needed thanks to our swift implementation of tele-mental health services. As schools reopened in the fall of 2021, our School Based Health Centers shifted to provide COVID-19 testing for symptomatic students, telehealth services, and behavioral health referrals for students and families. They remained open for scheduled clinical appointments when schools were closed, except in instances where the schools were closed due to a COVID-19 outbreak. School Based Health Centers have been an important safety net for our youth during these challenging times, and as highlighted in the patient story shared above, SBHCs provide a crucial point of access for youth already experiencing high levels of distress. Despite the importance of this safety net, SBHCs are grossly underfunded. SBHCs are primarily funded through revenue from billing health insurance, which is insufficient. Insurance does not cover universal interventions such as school wellness activities, like mental health education and training. Commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service. SBHC providers or sponsors receive some funding from New York State, however a combination of Non-Medicaid grant funding for the State's 262 SBHCs for the delivery of core primary, preventive, mental and dental health care services to over 250,000 children has been reduced by over 25%, ($5.8 million), since 2013.

To strengthen the SBHC provider network we support and request an investment of $28,500,000 to bolster funding for the City's over 200 existing school-based mental

health clinics and to bring school-based mental health clinics into 100 new schools. Each school-based clinic should receive $75,000 in annual operating support to maintain and expand on-site mental health services for children.

Children's Aid sincerely thanks the New York City Council for their vigorous support of the most under-served families and communities in New York. New York City has a unique opportunity to address the mental health crisis for youth by investing in effective, cost-efficient, and life-saving services. We stand ready to partner in improving mental health access and outcomes for New York City youth. If you have any questions about this submitted testimony please contact Michelle Avila, Assistant Director of Public Policy at mavila@childrensaidnyc.org.

Brooklyn Defenders

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TESTIMONY OF:

Anna Arkin-Gallagher – Supervising Attorney & Policy Counsel, Education Practice

BROOKLYN DEFENDER SERVICES

Presented Before

The New York City Council Committee on Mental Health, Disabilities, and Addiction & The New York City Council Committee on Youth Services

Oversight Hearing on Mental Health Services for New York City Youth

November 9, 2022

My name is Anna Arkin-Gallagher, and I am a Supervising Attorney and Policy Counsel in the Education Practice at Brooklyn Defender Services (BDS). BDS is a public defense office, representing approximately 22,000 people each year who are accused of a crime, facing the removal of their children, or at risk of deportation. We thank the Committee on Youth Services and Chair Stevens and the Committee on Mental Health and Chair Lee for the opportunity to address the Council about access to mental health services for youth in New York City.

For over 25 years, BDS has worked, in and out of court, to protect and uphold the rights of individuals and to change laws and systems that perpetuate injustice and inequality. Our staff consists of specialized attorneys, social workers, investigators, paralegals, and administrative staff who are experts in their individual fields. BDS also provides a wide range of additional services for our clients, including civil legal advocacy, assistance with educational needs of our clients or their children, housing, and benefits advocacy, as well as immigration advice and representation.

BDS's Education Practice delivers legal representation and informal advocacy to our school-age clients and to parents of children in New York City schools. Many of the people we serve are involved in the criminal legal system or facing the removal of their children in family court. In addition, a significant number of the students we work with qualify as "over-age and under-credited" and have been retained at least one grade. More than half of the students we work with are classified as students with disabilities. As an interdisciplinary legal and social work team, we work to improve our clients' access to education, and a significant portion of our advocacy relates to special education, school discipline, reentry, and alternative pathways to graduation. BDS is also a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations that aims to keep students in school and learning in their communities by advocating for investments in school-

based behavioral support systems and policies, such as trauma-informed and healing-centered approaches.

Access to Mental Health Services

Over the course of the last several years – and especially during the COVID-19 pandemic – the need for mental health services for young people across New York City has grown. And yet, across our practices, we often find that mental health services are not available for young people until things reach a crisis point – whether that is an EMS call in school, a new case in family court, or entrenchment in the criminal legal system. The city must invest in services that can be obtained earlier and more easily, and without requiring legal system involvement, to allow people to access the services that they need.

Strengthening Behavioral and Mental Health Services in Schools

One area where our office sees young people struggling to access mental health services and behavioral supports is in public schools. We frequently interact with schools that lack the tools and school personnel to inclusively educate students with behavioral challenges and mental health issues. Often, these schools do not appropriately create, implement, or review behavior plans for students or provide other mental health and behavioral supports.

When students do not receive the behavioral supports that they need in school, parents often report repeated calls to pick up their children from school, out-of-school suspensions, and school calls to EMS or the NYPD. Some of the families that we work with have reported that their children's schools have threatened to call the Administration for Children's Services (ACS) if their child begins to experience behavioral challenges, or if they do not obtain mental health services for their children, even if the family is unaware of what services the school may have available.

Without resources or advice about how to work with the school to improve their child's learning environment, parents often believe that their only option is to move their children to District 75, the DOE's specialized school district for students with disabilities, where students are completely segregated from their nondisabled peers. And even in District 75 – where schools should be better equipped to provide more intensive mental health and behavioral supports – we often find that students are not provided with the specific behavioral supports that they need to make progress. Instead, students are subject to exclusionary discipline and policing, interventions that data shows disproportionately affect Black students and students with disabilities.[1]

To strengthen behavioral and mental health supports for students in New York City schools, we respectfully offer the following recommendations:

[1] *See* Advocates for Children, *Police Response to Students in Crisis* (June 2021), https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf?pt=1.

- Ensure continued funding for the Mental Health Continuum, a model for integrating a range of direct services to students with significant mental health demands in high-needs schools in partnership with hospital-based clinics.
- Ensure that behavioral health services for students are effectively communicated to all families. The DOE should make clear the mental health services available in each school, the populations they are designed to serve, and the processes for accessing them, in readily-available materials to parents, caregivers, and communities both on school websites and school choice guides. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.
- Expand access to school-based metal health clinics and partnerships with community-based providers. School-Based Mental Health Clinics and school partnerships with community-based mental health clinics have proven to eliminate barriers that prevent young people and families from seeking mental health care by providing services onsite in schools. In addition to providing ongoing therapeutic services to students, school-based mental health clinicians and community providers work directly with school staff to coach them in strategies to support students in the classroom, prevent behavioral challenges, and better respond when behavioral issues and crises arise.

Improving Access to Family Therapy for Families Impacted by the Foster System

Our Family Defense Practice represents parents in child neglect and abuse proceedings in family court. Through our work with families with foster system involvement, we have seen many gaps in access to mental health services for children. Mental health services that are specialized to address the needs of children and parents experiencing family separation, and whose family bonds are at risk, are vital. And yet, these services are underfunded, difficult to access, and not culturally competent. For children and families dealing with the trauma of family separation and working to reunite, there is a lack of investment in therapies that focus on the bond between parents and children, such as dyadic therapy for young children, and long waitlists for family therapy providers. Rather than being treated as critical for family reunification and long-term wellbeing, these services are far too often treated as peripheral.

The lack of mental health services available to address the impact that family separation has on parents and children often contributes to delayed reunification. Moreover, when a family is reunited after a period of separation, all members of the family have experienced a significant trauma, and in many cases members of the family must work to rebuild their bond with each other. However, we often find that the critical mental health services that families need are unavailable to them. In some cases, the lack of available supports has even led to ACS separating a family again and bringing them back into family court. For example, we have seen older children who have suffered in the foster system – due not only to the trauma of family separation, but also to traumatic experiences with abuse and neglect in the system – then rebel and struggle to adjust back to a structured family life.

Brooklyn Defenders

Mental Health Services for Young Adults in the Criminal Legal System

In our adolescent practice, we find that many mental health services are only available to young people once they have an open criminal case. Young people should not have to be arrested to access the mental health services that they need. Furthermore, even once we are able to refer a young person to mental health programs, the requirements of these programs are oftentimes overly strict, and focused more on compliance with the rules of the program than on the actual delivery of services. Given that many young people are already hesitant to engage with mental health services, it is important that programs working with youth are flexible and creative when delivering services in order to meet young people where they are.

Conclusion

We thank you for the opportunity to submit testimony on this critically important topic. If you have any questions, please feel free to contact me at aarkingallagher@bds.org or (646) 971-2719.

THE COUNCIL
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Appearance Card

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Address: _____

I represent: Bronx Legal Services

Address: 349 E149th St., Bronx NY 10451

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Name: Melanie Willcerson

Address: 520 8th Avenue, New York, NY 10018

I represent: Center for Court Innovation

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I represent: ICL (Institute for Community Living)

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Address: Executive Deputy Commissioner

I represent: DoHMH

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Name: Marnie Davidoff, Assistant Commissioner

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I represent: Child, Youth & Families

Address: DoHMH

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I represent: _____

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Name: Marnie Davidoff

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I represent: NYC Dept of Health and Mental Hygiene

Address: _____

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Name: Michael McKee

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I represent: DCAS/MIL

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Name: EVA WONG

Address: _____

I represent: Mayor's Office

Address: 253 Broadway

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Name: Kimberly Schertz

Address: 199 Water Street, NY, NY 10038

I represent: The Legal Aid Society

Address: _____

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Date: 11/7/22

(PLEASE PRINT)

Name: Amy Morgenstern

Address: 42 [illegible]

I represent: JCA

Address: _____

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Name: Phoebe Richman

Address: [redacted] Norman Ave Brooklyn NY 11222

I represent: The Door

Address: 121 Ave of the Americas NY NY 10013

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Date: 11/9/22

(PLEASE PRINT)

Name: Anna Ackin-Gallagher

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I represent: Brooklyn Defender Services

Address: 177 Livingston St. Brooklyn NY 11201

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