

## Testimony of University Settlement Before the New York City Council

FY 2021 Joint Preliminary Budget Hearing: Committee on Health and Committee on Mental Health, Disabilities and Addiction

Council Member Mark Levine, Chair of the Committee on Health Council Member Farah N. Louis, Chair of the Committee on Mental Health, Disabilities and Addiction

March 15, 2021

Presented by Barbara DiGangi, Director of Families Thriving at University Settlement

Thank you for convening this hearing. I'm Barbara DiGangi, Director of Families Thriving at University Settlement. I am writing to ask the city to strengthen the funding, development and support of school-based mental health partnerships between community-based organizations (CBOs) and the Department of Education (DOE).

For 135 years, University Settlement has partnered with New Yorkers to build community strength and promoted resilience through challenging times in history. We've collaborated with our neighbors to pioneer highly effective programs that fight poverty and systemic inequality across Manhattan and Brooklyn. University Settlement infuses a commitment to civic engagement, equity and communal action into each of our programs which include early childhood education, mental health and wellness, youth development, healthy aging, and the arts.

Families Thriving is a home and community-based, wraparound family support program offering therapy, skill-building, school-based services and Triple P, an evidence-based model for positive parenting, to youth and their families. In delivering our multi-level approach, we've partnered closely with schools in District 1 to provide accessible mental health support, consultations, family workshops, crisis prevention and management, professional development training for school staff, and Connection Circles, a community-care model we developed to help folks gather and feel less alone. We work with families where they are, and partner with their schools to stimulate an impactful approach to enhancing family engagement, positive parenting and successful outcomes. Families Thriving employs a strengths-based approach that is sensitive to the impact of systemic racism and the effects of intergenerational trauma. By leveraging relationships within the communities, we work with families who might otherwise fall through the cracks.

Whether it's addressing the economy, systemic racism, children's education, or health, one critical piece to our city's recovery cannot be overstated: accessible mental health support. In response to the impact of Covid-19, we join in the



many calls for our city to "build back better" because "normal" was never working in the first place.

An analysis of the Covid-19 impact on children in New York State, conducted by United Hospital Fund and Boston Consulting Group, estimates that between March and July 2020, 4,200 children experienced the death of a parent and 57% of these deaths were in the Bronx, Queens and Brooklyn. By the end of June 2020, 325,000 children had been pushed into or near poverty as a result of the pandemic's economic downturn - 40% of whom live in Bronx, Brooklyn or Queens. Both of these experiences point to a need for high quality and accessible mental health care - but will these children receive just that? Access to mental health has become a privilege that not all have.

According to the Mayor's Office, "during the COVID-19 pandemic... NYC Well responded to 57 percent more calls, texts, and chats between September 1 and October 31, 2020 than during the same period in 2019." However, a recent evaluation of NYC Well showed that the majority of people who access NYC Well (67%) are those who are already connected with a mental health provider. This doesn't help the many vulnerable, marginalized families who are in need of access to support and especially children, whose behaviors are often pathologized instead of treated as a symptom of trauma and stress. Moreover, while 64% of NYC Well primary users and 80% of intermediary users received a referral through NYC Well, only 36% of primary users and 46% of intermediary users ended up making appointments, speaking to the many barriers to accessing support. This seems to coincide with an earlier National Survey of Children's Health finding in 2016-2017 that "54% of children with a mental/behavioral condition who needed treatment or counseling did not receive it in the past year."

In a city like ours, no family should live in a mental health desert, yet so many do. Schools and school-based programs are one of the best ways for us to reach those families and change that. But currently, we have only 4,293 Department of Education (DOE) guidance counselors and social workers for 1.1 million students. To make sure all NYC families and children, particularly those in our communities of color and immigrant communities, can access the mental health care they need, we must strengthen and enhance the funding, support and partnership of community-based organizations (CBOs) in schools. This means reconsidering or amending the onerous DOE Vendor process for CBO contracts. Not only is this process a heavy lift for staff already spread thin, it also can take longer than a year - creating a significant barrier for CBOs to provide the immediate and appropriately funded support that schools need.

<sup>&</sup>lt;sup>1</sup> Brundage, Suzanne and Kristina Ramos-Callan. "COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State Part 1: Death of Parent or Caregiver." United Hospital Fund. September 2020.
<sup>2</sup> Ibid.

<sup>&</sup>lt;sup>3</sup> "Following increased levels of contact during the COVID-19 pandemic, NYC Well has responded to over 1 million calls, texts, and chats." ThriveNYC. November 30, 2020.

<sup>&</sup>lt;sup>4</sup> NYC Well Evaluation: Final Report. Abt Associates. June 30, 2020.

<sup>&</sup>lt;sup>5</sup> Data Resource Center for Child & Adolescent Health.

<sup>&</sup>lt;sup>6</sup> New York City Department of Education Report on Guidance Counselors. NYC Department of Education. February, 15. 2019.



Dr. Shawn Ginwright, professor and author of *Hope and Healing in Urban Education: How Activists are Reclaiming Matters of the Heart*, urges us to consider "Persistent Traumatic Stress Environment (PTSE)," rather than Post Traumatic Stress Disorder (PTSD), and focus on the conditions that continue an ongoing cycle of trauma for black and brown folks. Collectively, it's important that the city takes their share of responsibility for PTSE and considers how we can improve, reimagine and redefine mental health in the education system.

Through adequately funded and embedded mental health supports, schools could be sources of healing, mitigating harm. We echo Public Advocate Jumaane Williams's call<sup>8</sup> for Healing-Centered Schools<sup>9</sup> and reimagining school safety. In our work on the ground at Families Thriving we've already seen how a new vision of school-based mental health can be possible if it had the opportunity to be scaled.

Leveraging New York State Medicaid's Children and Family Treatment and Support Services (CFTSS) is a way Families Thriving aims to increase school capacity to better meet social-emotional, behavioral, and mental health needs and disrupt patterns of systemic racism. With supplemental funding along with city and CBO partnership, CFTSS can help the DOE fill in its mental health and social-emotional gaps and reimagine what school safety means. CFTSS, for youth 0-21, is multi-tiered and provides individual and family therapy, advocacy, crisis intervention and prevention, parenting support, skill building, and even psychoeducation to teachers. It aims to prevent behaviors and mental/behavioral health symptoms from escalating. Providers consist of social workers, family and youth peer advocates, behavioral specialists and counselors. Services are separate and distinct from Individualized Education Plans (IEPs) and therefore can supplement school capacity. They can be provided at a family's home, in the community, in the classroom, and/or at school - strengthening the relationship between school and home. Through these targeted and individualized family-centered services, Families Thriving works to strengthen family relationships and improve parent and child functioning in order to prevent and reduce the risk of family challenges or negative life outcomes including systems involvement with ACS, foster care and the juvenile justice system.

Through our model, schools would be provided with the multi-level support, capacity and expertise to adopt the school-wide climate and culture shifts needed to best address behaviors, prevent crises, support families in a trauma-informed and healing-centered way, and interrupt the school-to-prison pipeline. Through a universal tier of support services, not only would schools receive mental health training, support with family engagement and consultation, but also the hands-on coaching to apply what they've learned. Our approach would particularly benefit immigrant families, who "face unique challenges such as

<sup>&</sup>lt;sup>7</sup> Ginwright, Shawn. "Coronavirus underscores need for healing America's racial divisions." San Francisco Chronicle. April 14, 2020.

<sup>&</sup>lt;sup>8</sup> White Paper: On Reimagining School Safety. Office of the New York City Public Advocate Jumaane D. Williams. March 1, 2021.

<sup>&</sup>lt;sup>9</sup> <u>Community Roadmap to Bring Healing-Centered Schools to the Bronx.</u> Healing-Centered Schools Working Group. 2020.



cultural and linguistic barriers, separation from family, and adjustment to a new environment. Receiving treatment is effective in addressing distress, yet ... are less likely to access mental health services when compared with their US-born counterparts." Families Thriving provides families with the engagement, connection and community education on mental health they need to break through stigma and feel safe and open to support. However, programs like Families Thriving cannot adequately operate, innovate, support their staff and reach families on just Medicaid dollars alone.

Through our work, we've seen firsthand the impact of our mental health staff being at the table during Attendance Team and Planning and Placement Team (PPT) meetings. While a child's academic concerns are being discussed, our mental health staff deepen the conversation by asking about family support and dynamics and whether we should reach out, check-in and offer our services before the concerns are escalated to a Special Education or ACS referral. Oftentimes we find that the parent is navigating complex stressors and can benefit from Triple P, or their child is in need of therapy or in-classroom skills building. These supportive services, including working collaboratively with the child's teacher, can be provided at school and make a positive impact on a child's academic performance, well-being and attendance., which directly impact a child's academic performance and can be provided within the school in many cases.

Since the first person responding to mental health needs is often a trusted community member - an afterschool group leader, a teacher, a neighbor, or someone from church - we see how hiring community members, youth and family peer supports and partnering with deeply connected CBOs like University Settlement, can support an equitable and community-driven framework for de-escalating and preventing crises while de-policing schools. We call our staff Family Allies. We have seen the power of thoughtful messaging and engagement and how relationships are the intervention point when it comes to folks being open to mental health services for the first time.

These are just a few examples of how city investment in programs like Families Thriving can support not only Covid-19 relief and recovery, but also build in a stronger, more equitable school-based mental health and education systems. We've been envisioning what this could look like through a CFTSS city-wide workgroup in close partnership with other organizations and the Department of Health and Mental Hygiene and DOE's Office of School Health. However, CBOs need the city's commitment of dedicated, reliable, and flexible long-term funding, including the support of the Indirect Cost Rate Funding Initiative and amendment of the DOE Vendor process, to make this vision come to life. This will give allow mental health teams the support and capacity they need to serve all children, not just those with just Medicaid, and provide the school-wide community impact necessary for the well-being and quality of life that NYC children and families deserve.

<sup>&</sup>lt;sup>10</sup> Hadler, Max W., Claudia Calhoon, Seongeun Chun, and Danielle Lightfoot. <u>Just and Equitable Behavioral Health for Immigrant New Yorkers: A Policy Agenda</u>. The New York Immigration Coalition. December 2019.



Thank you for the opportunity to present testimony. If you have further questions, I can be reached at bdigangi@universitysettlement.org.