

## 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.

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](mailto:marya@universitysettlement.org).