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Testimony of University Settlement Before the New York City Council

Joint Oversight Hearing: School-Based Health Centers and School-Based Mental Health Clinics

Committee on Health, Committee on Mental Health, Disabilities and Addiction, Committee on Hospitals, and Committee on Education

Council Member Lynn Schulman, Chair of the Committee on Health

Council Member Linda Lee, Chair of the Committee on Mental Health, Disabilities, and Addiction

Council Member Mercedes Narcisse, Chair of the Committee on Hospitals

Council Member Rita Joseph, Chair of the Committee on Education

April 17th, 2024

Presented by Barbara DiGangi, Director of Community Wellness Initiatives at University Settlement

Chairs Schulman, Lee, Narcisse, and Joseph and committee members, thank you for the opportunity to submit testimony. My name is Barbara DiGangi, and I'm the Director of Community Wellness Initiatives at University Settlement.[1]

As the first settlement house in the country, University Settlement has partnered with New Yorkers to build community strength through challenging times in history - developing highly impactful programs that fight poverty and systemic inequity across Manhattan and Brooklyn. Our programs include early childhood education, mental health and wellness, youth development, healthy aging, and the arts.

We also provide a broad, culturally responsive mental health continuum for adults and children of all ages in homes, schools, after-school programs, community centers, and in clinics. We receive referrals from families, schools, hospitals, organizations and more. Our programs operate with values that include innovation, family-centeredness, and a holistic, anti-racist lens.

[1] University Settlement

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Despite our breadth of services and our embeddedness within communities, we're still finding significant gaps in our mental health system that are no match for the increased and intensive mental health needs of our neighbors. Approximately 1 in 4 adolescents experienced a behavioral health condition in 2022, with Black and Hispanic high school students nearly twice as likely to attempt suicide.[2] According to the Youth Ask Youth (YAY) Census[3] by the Intergenerational Change Initiative, 38% of youth felt that they didn't have access to therapy when they needed it.[4]

Started in 2019, Medicaid's flexible, intergenerational Children and Family Treatment and Support Services (CFTSS)[5] is a new model that's proven to be proactive, successful, and comprehensive in meeting these needs. University Settlement provides CFTSS to families in Manhattan and Brooklyn. CFTSS can be provided in non-traditional settings to meet the mental and behavioral treatment goals of a young person under 21: at school, home, virtually, at after-school, in a park, etc. In the conversation about school-based mental health clinics, it's especially important that the opportunity CFTSS presents for change is not overlooked.[6][7] Enhancing both school-based clinics *and* CFTSS through support from government agencies would bring powerful impact.

CFTSS provides multi-tiered, wraparound mental health services to youth and families where they are. From working in classrooms and school offices to families' living rooms and telehealth, we're able to offer individual and family therapy, social emotional skill-building, crisis avoidance, psychoeducation for teachers and parents, and Triple P, an Evidence-Based model for positive parenting. Many community-based organizations (CBOs) like University Settlement across the city are already designated as CFTSS providers and can be key partners to New York City (NYC) schools. This array of services differs from school-based mental health clinics since clinics are limited to billing for traditional therapy treatment only.

Through our Families Thriving program at University Settlement, we've leveraged CFTSS to build an impactful and promising model that can be replicated. We've recently established an innovative, district-wide partnership with school District 1 thanks to supplemental funding through Trinity Church Wall Street.[8] We hire from within the communities we serve and partner internally and externally with school-based mental health clinics to supplement and complement the services they're providing. This often means providing family-focused or home-based services, or general support to the school community as a whole. And, in many of our schools, we're being leaned on as a go-to resource due to clinic wait lists and school mental health staff being overburdened by crises and large caseloads for mandated and/or at-risk

[2] The Ripple Effects of the Adolescent Behavioral Health Crisis. United Hospital Fund. April 2024
[3] Findings from our Annual Youth Ask Youth (YAY) Census. Intergenerational Change Initiative. April 2024.
[4] Health and Relationships. Intergenerational Change Initiative. April 2024.
[5] Children and Family Treatment and Support Services
[6] Care, Community, Action: A Mental Health Plan for NYC. March 2023.
[7] School Mental Health Expansion Grant (SMHEG). March 2024.
[8] NYC Community School District 1 to offer mental health services to all district families this fall. NYNMedia. September 7th, 2022.

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counseling. Through these cohesive partnerships, we're seeing increased access in services and positive changes for our families and school communities.

Moreover, we've seen an increase in referrals for individual therapy *at home*, family therapy, parent support and classroom push-ins, which are components that clinics haven't historically offered. As the city grapples with the alarming trend of post-pandemic chronic absenteeism in schools[9] - a challenge that is an iceberg with underlying individual and systemic issues - a wraparound community care approach must be turned to as a best practice. For example, when a student being seen by a school-based mental health clinic stops coming to school due to anxiety or depression, that clinic will unfortunately be forced to discharge that student. This is where CFTSS steps in. We can provide sessions at home to work with the family on unpacking the challenges and get the student back to school. In the case of chronic absenteeism, we can supplement the clinic's services and work with the parent weekly, at home or virtually, to address and remove barriers. Many times, our treatment and support have prevented the escalation of symptoms leading to an ER visit, a hospital stay, residential treatment, or leaving the public school system.

Schools are the glue of our communities, and thus they are relied upon by families and youth for support. Yet, schools cannot and must not tackle our public mental health crisis alone.

I applaud the Department of Health and Mental Hygiene's (NYC Health Department) Office of School Health (OSH).They've convened a workgroup of mental health providers to elicit feedback and have continued to push for changes in school-based mental health by releasing their School Mental Health Expansion Grant (SMHEG).[10] However, we've learned through extensive work creating mental health partnerships with schools, having a mental health staff stretched across 4 schools is not best practice for the meaningful relationship building required and is likely to contribute to staff burnout. SMHEG also does not provide the adequate funding required to supplement billing nor does it acknowledge or include CFTSS providers.

It's time we see leadership from the Department of Education (DOE) to make a significant investment in CBO mental health partners who are heavily relied upon for their critical services. Historically, funding has been allocated for more social workers within the DOE, but we know that the mental health needs we're seeing require interventions and approaches that go beyond the scope and responsibilities of what school staff can offer. We need to see DOE funding of CBO mental health providers who can work closely with school staff to support the school community as a whole, including DOE social workers and counselors. Again, it's unwise for school staff to go it alone and it's time to try creative and effective solutions.

Leveraging CFTSS and partnering schools with CBOs could be a game-changer for ameliorating the current condition of our education and mental health systems. Added investment from government agencies can also create

[9] https://www.nytimes.com/interactive/2024/03/29/us/chronic-absences.html
[10] School Mental Health Expansion Grant (SMHEG). March 2024.

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sustainability amid our workforce crisis. The recent inclusion of a Cost of Living Adjustment (COLA) in the city budget will have a notable ripple effect; however, there needs to be more action – this includes funding from the DOE and government agencies, improved rates for services, and expansions for what is considered billable.

Whether you're a school social worker, a school-based mental health clinic, or a home-based provider – none of us should be working in silos. The mental health crisis our communities are facing will not be addressed if we're not working *in community*.

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