



**UNITED
NEIGHBORHOOD
HOUSES**

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**Testimony of United Neighborhood Houses
Before the New York City Council**

Mental Health Roadmap Legislative Package Hearing

**Committee on Mental Health, Disabilities, & Addiction
Council Member Linda Lee, Chair**

**Submitted by Nora Moran, Director of Policy & Advocacy
May 4, 2023**

Thank you for convening today's hearing. United Neighborhood Houses (UNH) is a policy and social change organization representing 46 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life at 770 locations. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

UNH members provide 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. Through these services, settlement houses have established themselves as critical partners in the City's long-term recovery from the COVID-19 pandemic. 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.

We applaud the City Council for releasing a Mental Health Roadmap at a time when the need for accessible, quality mental health care is at an all time high.

Additionally, we appreciate that the Council is considering the actions that the City can take to improve access to mental health services, but also emphasizes reforms that must happen at the state and federal levels. Mental health policy is complex, with city, state, and federal mandates all weaving together to create the current system. We cannot think about reforming the system at any one level, but have to take a holistic approach when improving policy.

This testimony will comment on several pieces of legislation that the Council is considering as part of the Mental Health Roadmap. This testimony will also focus on several key recommendations for the FY 2024 budget, including:

- Restore all funding for the Council's Mental Health Initiatives at \$25.2 million, and rebrand the Geriatric Mental Health Initiative
- Create a new \$3 million Youth Mental Health Council Initiative
- Invest \$28.5 million to expand school-based mental health clinics
- Support human services workers with a 6.5% cost of living adjustment and considering prevailing wage legislation

Intro 1019

Intro 1019 (Lee) focuses on increasing public awareness and knowledge about mental health services available to the public by requiring the City to create a database and map of outpatient mental health services in the city. UNH supports Intro 1019, as long as the database is not duplicative of other efforts or tools that currently exist to help individuals find outpatient care. It is crucial that this database be accessible in multiple languages, and if possible, indicate what languages a given provider can provide services in. It will also be important that the City's network of community-based organizations know about the database and share information about it with clients. We do not want to see a database created that simply lives unused on a website; and increasing awareness of the tool among CBOs, especially those who do not provide mental health services, will be important.

Intro 1018

Intro 1018 (Lee) requires DOHMH, in conjunction with the New York City Police Department and other agencies, to provide an annual report to the Council with information regarding involuntary removals conducted pursuant to Mental Hygiene Law Sections 9.41 and 9.58. UNH supports Intro 1018, as having transparency and data around any mental health intervention will help gauge its effectiveness and ensure that the City is using appropriate tools to improve mental health outcomes. As long as this information is made public in a way that does not violate any privacy laws, it will be crucial to know where involuntary removals are occurring and who they are impacting. Having this information will help the City to gauge whether this is an appropriate intervention that is resulting in greater hospitalization for those experiencing severe mental illness, the policy's purported goal.

Intro 1021 and 1022

Intro 1021 (Powers) and 1022 (Riley) both focus on the creation of new programming to support those struggling with mental health issues. Intro 1021 focuses on creating more crisis respite centers, and Intro 1022 would require the City to start a pilot program to expand access to clubhouse style centers for those with mental illness. It is clear that our City needs greater services to support those with mental health challenges, especially those experiencing severe mental illness. Increasing programming that helps those experiencing emotional crisis and provides support before an episode becomes worse is an important goal. UNH supports intro 1021 and 1022, and encourages the City to designate funding to make these bills feasible.

UNH supports creating mental health programming that is accessible and embedded within neighborhoods, making it easy to access. Settlement houses that offer mental health services understand the value of making that support easy to access in non-stigmatizing spaces. They also know that providing other wrap around services in the same location offers greater holistic supports to someone and can help support their overall recovery and well being. If these bills were to pass, we encourage DOHMH to ensure that other wraparound supports are offered at the crisis respite centers and clubhouse programs. Having staff who can help provide mental health treatment but also ensure that someone has stable housing, access to child care, or enough food to eat will be important for helping someone's overall recovery.

Additionally, UNH makes the following recommendations for funding in the FY24 budget to support mental health services.

Restore \$25.2 Million in Funding for Council Mental Health Initiatives

In FY 2024, UNH recommends the City Council restore funding to all nine of the previously-funded DOHMH Mental Health Council Initiatives, including: Autism Awareness; Children Under Five; Court-Involved Youth Mental Health; Developmental, Psychological, & Behavioral Health; Geriatric Mental Health (GMHI); LGBTQ Youth; Mental Health Services for Vulnerable Populations; Opioid Prevention and Treatment, and last year's new addition of Trauma Recovery Centers – totalling \$25.2 million in funding. Twenty UNH members provide services through City Council Mental Health initiatives.

We greatly appreciate the Council's long-standing support for these programs that bring mental health services to vulnerable populations in their own communities. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. Despite the fact that the funding must be restored each year by the Council instead of being on more stable multi-year contracts, the funding is flexible and allows providers to best meet their hyper-local needs through creative solutions to distinct mental health challenges. Further, while many mental health programs were baselined by the City as part of the 2015 ThriveNYC initiative, these Council initiatives continue to be important because several of the Thrive programs changed scopes of services and were structured in a way that prevented existing providers from applying. For example, many settlement houses were excluded from applying to serve as host sites for the DFTA Geriatric Mental Health Program (DGMH) due to rigid selection methodology.

After a devastating FY 2021 where many of these initiatives were significantly cut due to the poor economic outlook related to COVID-19, in FY 2022 these initiatives were restored and many were increased above previous levels, allowing new sites to access services and supporting much-needed increases for existing programs. FY23 generally maintained this funding, with some adjustments, while funding a new initiative of Trauma Recovery Centers. The CBOs that were selected to run these trauma centers are still working to get up and running as of March 2023. **It is crucial that the Council at a minimum restore all of this funding in the FY 2024 budget (\$25.2 million total).**

Specific funding levels in FY23 that must be maintained in FY24 include:

Geriatric Mental Health Initiative	\$3,405,540 (18 settlement houses receive this funding)
Children Under Five	\$1,787,000 (2 settlement houses receive this funding)
Autism Awareness	\$3,316,846 (3 settlement houses receive this funding)
Developmental, Psychological, & Behavioral Health	\$2,255,493 (2 settlement houses receive this funding)
Court-Involved Youth Mental Health	\$3,425,000 (1 settlement house receives this funding)
Mental Health Services for Vulnerable Populations	\$3,933,000 (1 settlement house receives this funding)
Opioid Prevention and Treatment	\$3,500,000
LGBTQ Youth Initiative	\$1,200,000
Trauma Recovery Centers	\$2,400,000

Geriatric Mental Health Initiative

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI). GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, GMHI providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 35 organizations, 18 which are UNH members.

Even before the COVID-19 pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand since the start of the pandemic, we are thrilled that the Council funded a significant expansion to this program in FY22, allowing the program to reach 13 new sites and supporting long-needed increases for existing providers.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive results from this new funding. One newer GMHI recipient uses the funding across their aging services programs to screen, identify, and refer seniors to mental health services. A staff member notes: “I was pleased with the amount of data we were able to obtain from the screenings. It has helped us enhance current programming. For example: our Senior Companion Program has added onsite activities for their senior volunteers to have more interaction and engagement with their peers.” Another newer recipient notes that they used the funds to bring on a bilingual worker, and trained case workers across their senior centers to conduct mental health and substance abuse screenings. In their first year in FY22 they screened over 400 older adults. A long-time GMHI recipient used their funding increase to strengthen individual and

group mental health programming, and to expand training opportunities for staff and clients. They note that “COVID-19 and the subsequent variants posed challenges in shifting to remote services, however, GMHI was successful in engaging and supporting clients with no service gaps in counseling, groups, or other services.” Given the vast success of this program, we urge the Council to restore full funding to GMHI of \$3,405,540 in FY 2024.

It is important to note that this program is different from the DFTA/NYC Aging Geriatric Mental Health Program, which contracts with 4-6 large borough based providers to send mental health clinicians into 88 Older Adult Centers. Due to frequent confusion between these two similar but distinct programs, we urge the Council to rename GMHI to Older Adults Mental Health Initiative or a similar variation this year. Notably, participation in the DFTA program is bound by space requirements and other State licensing rules, reinforcing the need for this community-based and flexible initiative.

Children Under Five

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to pediatricians, teachers, and child welfare workers. For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City’s understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. CU5 currently supports 13 organizations, including two UNH members. This program could serve a key role in meeting the mental health needs of recent asylum seekers.

CU5 underwent a large expansion in FY22, increasing the number of providers from 4 to 13 citywide and offering increases to existing providers. UNH members had been requesting such increases for many years. In FY 2024, the program should be restored at \$1,787,000.

Autism Awareness

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 39 organizations across New York City, including 3 UNH member organizations. Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. These programs often fill crucial gaps in services, such as extended support beyond State services under the Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent against caregiver burnout. In FY 2024, we ask the Council to restore Autism Awareness at \$3,316,846.

Developmental, Psychological, & Behavioral Health

Developmental, Psychological, & Behavioral Health supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, psychological clubs, recreation programs, or other behavioral health services. This initiative reaches 18 organizations including two UNH members. In FY 2024, the Council should restore the Developmental, Psychological, & Behavioral Health initiative to \$2,255,493.

Court-Involved Youth Mental Health

The Court-Involved Youth initiative supports programs that help identify teenagers with criminal justice involvement who require mental health services. The initiative provides assessments, family services, counseling, and respite services, and connects participating youth and families with additional services. This initiative supports 23 organizations including one UNH member. In FY 2024, the Council should restore the Court-Involved Youth Mental Health initiative at \$3,425,000.

Mental Health Services for Vulnerable Populations

The Mental Health for Vulnerable Populations initiative supports community-based behavioral health programs that provide a range of programs, services, trainings, and referrals to support vulnerable and marginalized populations, including people who may be HIV-positive, suicidal, schizophrenic, or have developmental disabilities, as well as broader population groups such as children and youth, immigrants, homeless individuals, and at-risk seniors. This program received an increase in FY23, and currently supports 47 organizations including one UNH member, and should be restored at \$3,933,000 in FY24.

Create a \$3 Million Youth Mental Health Council Initiative

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. More than half of those parent deaths were in the Bronx, Brooklyn, and Queens. Losing a caregiver is associated with a range of negative health effects, including lower self-esteem, a higher risk of suicide, and symptoms of mental illness. According to pediatricians, addressing the impact of family death on young people will “require intentional investment to address individual, community, and structural inequalities.” Beyond grief, the learning loss and isolation has had an extreme impact on young people. 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.

Given these growing mental health needs among young people, we propose using approximately \$3 million in new Council Initiative funds to create a new Youth Mental Health initiative. This new initiative would provide flexible mental health services for youth programs run by CBOs – such as Beacons, Cornerstones, COMPASS/SONYC, and others—with a focus on out-of-school time. Programs would be able to hire mental health professionals who are trained to engage young people, lead structured group activities, or test other innovative, tailored solutions to youth mental health needs – much in the same way the Geriatric Mental Health

Initiative functions for older adults. These funds could also offer supports for youth workers when dealing with mental health crises, or creating proactive programming for mental health wellness. Notably, there was an under-allocation for the new Trauma Recovery Centers initiative in FY23 of about \$450,000, and we urge the Council to invest additional funds to build a substantive initiative of about \$3 million.

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 2023 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.

Mayor Adams expressed support for building more school-based mental health clinics in his March 2023 [Care, Community, Action mental health plan](#), though he does not specify whether these clinics would be run by CBOs or directly by schools or DOHMH. We support the Mayor's intention and urge any investments to be steered toward community based organizations who have a strong record of running these types of programs.

Invest in the Human Services Workforce

While it is crucial to examine mental health needs in our City and the programs that address these needs, we must ensure that the workers providing these services are supported. Low wages for community based mental health services have contributed to a staffing crisis, and without increased budgets in government contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of mental health workers, setting future New Yorkers up for significant barriers to accessing services.

More broadly, human service workers as a sector are grossly underpaid. A recent analysis by UNH found that human service workers face similar economic insecurity as the participants in

their programs; in our report, [*The Need to Strengthen the Economic Security of the Settlement House Workforce*](#), we note that government funding decisions and chronic underinvestment in human services have led to poverty-level wages for essential frontline workers at settlement houses.

Low wages, exacerbated by burnout from the COVID-19 pandemic, have led to chronically low staffing levels at human services organizations. Our settlement house members report more, longer vacancies, higher turnover, and significant challenges recruiting in a competitive labor market. Insufficient staffing has made it increasingly difficult for nonprofits to serve New Yorkers, leading to under-enrollment and program closures – such as the recent announcement of the closure of Sheltering Arms – which then leads to budget reductions and a vicious cycle that harms New Yorkers seeking services.

For years, the human services sector has warned of a staffing crisis citing low wage levels. Over the last two years, the City ignored a COLA request and instead issued a one-time bonus for our workforce that was equivalent to less than 1%, and a “contract enhancement” that led to contract-by-contract increases of between 1.5 and 2.5%. This investment is wholly insufficient to have a meaningful impact on the nonprofit workforce. Even with an annual 5% COLA, for most frontline workers starting at or around minimum wage, five years of raises would still mean an hourly wage of under \$20. Coupled with inflation and the City’s tendency to extend contracts without any cost escalators or budget modifications, this salary problem will only be solved by a significant investment in the workforce.

Create a Prevailing Wage Schedule for Human Services Workers:

For these reasons, UNH supports Introduction 510 (Stevens), which would establish prevailing wage schedules for human service workers, require agencies to include sufficient funding to cover those wages in contracts, and track implementation of those wages by human service contractors; and we know that this legislation would need to pass through the budget process to be effective. While prevailing wage schedules are an imperfect tool to address the current conditions faced by human service workers, it is a significant improvement from the status quo. This process to design a true prevailing wage system is arduous and will require careful analysis, but we cannot afford to continue ignoring the need. For years, the government at every level has asked nonprofit partners to do “more with less.” This dynamic has pushed our sector to a real breaking point, and our workforce has suffered the consequences.

Include a 6.5% COLA for Human Services Workers:

Given the gravity of the human services staffing crisis, we are also supportive of a 6.5% Cost of Living Adjustment (COLA) for this workforce in FY 2024, in alignment with the JustPay campaign. We also ask the Council to ensure it is included in the budget as a “cost of living adjustment” and not some other named initiative so providers can rely on these funds being stable and recurring.

Thank you. To follow up, please contact me at nmoran@unhny.org.