



Testimony of

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Committee on Mental Health, Developmental Disability,
Alcoholism, Drug Abuse and Disability Services

Regarding the New York City
Preliminary Budget Proposals for FY14

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Good Afternoon. My name is Jennifer March-Joly and I am the Executive Director at Citizens' Committee for Children of New York (CCC). CCC is a 69-year-old, privately supported, independent, multi-issue child advocacy organization dedicated to ensuring New York City's children are healthy, housed, educated and safe. I would like to thank Chairman Koppell and members of the Council Committee on Mental Health, Developmental Disability, Alcoholism, Drug Abuse and Disability Services for holding this hearing on the City's Preliminary Budget for Fiscal Year 2014 (FY14) and for the opportunity to submit testimony.

CCC is grateful for many of the measures the Mayor and the City Council have taken over the past few years to stabilize the City's economy and help to build a better New York City. While continuing to prudently address City spending is critical to New York's recovery from the economic downturn, few have been hit harder by this recession than poor children and their families. It is CCC's belief that we must not allow this year's budget to chip away at the safety net needed to ensure that the next generation of New Yorkers can reach their full potential.

Of particular concern are net reductions to child and family services totaling \$217.9 million included in the Mayor's Preliminary Budget. A chart of these cuts is attached to this testimony.

After twelve rounds of budget cuts over the past five years, agency budgets have become much leaner. We have crossed a threshold where smart and effective programs are now being diminished with each new round of Programs to Eliminate the Gap (PEGs). Beneficiaries of these programs and services, who are disproportionately low- and middle-income hard working families, bear the greatest brunt of these funding reductions.

The Mayor's Fiscal 2014 Preliminary Budget for mental hygiene service delivery is no exception.

In the wake of the Sandy Hook tragedy, there has been a renewed focus on the role and value of community mental health treatment and supports in the national conversation on school safety and gun violence. Pamela S. Hyde, the Administrator of the U.S. Substance Abuse and Mental Health Services Administration, testified before Congress at the January 24, 2013 hearing on Assessing the State of America's Mental Health System¹ that, "behavioral health research and practice over the last 20 years reveal that most people who are violent do not have a mental disorder, and most people with a mental disorder are not violent." Moreover, she keenly noted that people with mental illnesses are more likely to be the victims of violence rather than perpetrators of violence.²

Mental health wellness is, however, integral to a child's healthy development, influencing academic performance, school readiness, capacity to learn, social competence and life-long health.³ The onset of mental illness usually emerges before young people enter high school, with the average lag to treatment taking nine years.⁴ Undiagnosed and untreated mental health conditions in youth increase the risks for a vast array of negative outcomes, both in the short-term

¹ Hyde, Pamela S. Hearing Assessing the State of America's Mental Health: What We Can Do Now. *United States Senate Committee on Health, Education, Labor and Pensions* (January 24, 2013). Accessed on March 1, 2013 from: <http://www.help.senate.gov/imo/media/doc/Hyde1.pdf>

² *Ibid.*

³ Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper No. 6. *Center on the Developing Child*. Harvard University (2008): www.developingchild.harvard.edu

⁴ Hogan, Michael F. Hearing Assessing the State of America's Mental Health: What We Can Do Now. *United States Senate Committee on Health, Education, Labor and Pensions* (January 24, 2013). Accessed on March 1, 2013 from: <http://www.help.senate.gov/imo/media/doc/Hogan.pdf>

and longer-term, including school failure, victimization, juvenile and criminal justice involvement, suicide and higher health care utilization.⁵

Last year, on behalf of the New York City Citywide Children’s Committee and NYC Early Childhood Strategic Mental Health Workgroup, CCC sought to estimate the gap between the need for and availability of mental health treatment slots for children throughout New York City. Through our analysis we found that nearly 50,000 children ages 0-4 in New York City have a behavioral problem and close to 270,000 children ages 5-17 in New York City are estimated to have a mental health disorder.⁶ While we were unable to identify the citywide unmet need, due to the lack of data for Queens and Manhattan, our analysis of slot capacity for Brooklyn, Bronx and Staten Island suggests that there are only treatment slots for *1 percent* of children ages 0-4 and *12 percent* of children ages 5-17 who have treatment needs.⁷

With community supports unable to keep pace with the growing demand for children’s outpatient mental health needs, schools are becoming a preferred setting to identify and treat children’s mental health disturbances. Disappointingly, the Mayor’s proposed budget would reduce existing capacity for school-based mental health supports at a time when a growing body of evidence suggests the City would be much better served through capacity expansion, not contraction.

The Mayor’s Department of Health and Mental Hygiene (DOHMH) is proposing to end the City’s \$775,000 subsidy⁸ to four school-based health centers (SBHCs) serving the Bronx, Manhattan, Queens and Brooklyn. These SBHCs offer students on-site access to a range of primary, preventive and specialty care – *including mental and behavioral health supports*.⁹ These satellite clinics operate under the auspices of independent, licensed not-for-profit health care institutions.

Altogether, these four targeted SBHCs help to fill a critical unmet need in our City’s fragile and unequally distributed outpatient mental health care infrastructure. By bringing mental health workers to school grounds, students with mental health needs are far more likely to get evaluated and treated.¹⁰ The presence of on-site services is markedly beneficial to children whose parents may not have the flexibility to facilitate continual access to services in the community. The availability of mental health services in schools has been linked to higher test scores, fewer

⁵ Facts on Children’s Mental Health in America. *National Alliance on Mental Illness* (July 2010). Accessed on October 16, 2012 from http://www.nami.org/Template.cfm?Section=federal_and_state_policy_legislation&template=/ContentManagement/ContentDisplay.cfm&ContentID=43804.

⁶ New York City’s Children and Mental Health: Prevalence and gap Analysis of Treatment Slot Capacity. *Citizens’ Committee for Children of New York* (January 2012); page 1.

⁷ *Ibid.*

⁸ It is worth noting that the full impact of this loss to these four SBHCs is actually valued at \$1.2 million, as this dedicated City tax levy spending is augmented by State matching funds.

⁹ A School-Based Health Center is required to provide primary care and preventive health services, first aid care and emergency care. SBHCs must also address the mental health needs of enrolled students, either by referrals or through on-site care.

¹⁰ Catron, T., Harris, V. S., & Weiss, B. Post-treatment results after 2 years of services in the Vanderbilt School-Based Counseling Project. (M. H. Epstein, K. Kulash, & A. J. Duchnowski, Eds.) *Community based programming for children with serious emotional disturbance and their families: Research* (1998); pages 633-656.

discipline referrals and fewer absences.¹¹ These benefits extend beyond students to the greater school community, including teachers, other school staff and parents.

While the benefits of SBHCs to students and their surrounding communities are numerous, unfortunately financial resources to support them are few and fading. SBHCs cannot be self-sustaining on insurer reimbursement alone. SBHCs rarely recoup the total cost of care provided even after all efforts to maximize claims have been exhausted. Recurring insufficient reimbursements jeopardize SBHCs' long-term financial viability, and consequently, their presence in schools.

This City subsidy exists to offset the operating deficits commonly confronting SBHCs. Without this lifeline, CCC is very concerned that these SBHCs will be forced to scale back on – or even close – operations. SBHC providers and other stakeholders echoed this same concern at the March 7, 2013 Committee on Health hearing on the Fiscal 2014 Preliminary Budget. Since SBHCs are purposefully located in underserved communities, displaced students who are dependent upon these SBHCs for meeting most of their basic health and mental health care needs may not have any clear comparable alternative available to them.

We are grateful that the City Council understands the value of these school-based health centers. We applaud you for restoring most of the Fiscal 2013 midyear cut to these SBHCs. We urge you to press the Administration to restore this dedicated line-item funding on its side of the ledger in order to preserve these vital services in the years to come.

Moreover, we ask you to work with the Mayor to create a sufficiently-funded dedicated budget line that will support real investment in local school-based mental health (SBMH) clinics. These satellite clinics operate similarly to SBHCs and fall victim to the same structural deficit challenges. Compared to SBHCs, SBMH clinics are a considerably more comprehensive model of mental health care delivery in a school setting, with mental health clinicians providing a wider array of services. These clinics offer students and families assessments and evaluations; individual, group and family therapy/sessions; service coordination; case management; and crisis intervention. Additionally, these clinics also offer preventive services.

Moving on from the DOHMH PEGs proposed in the January Plan, CCC is once again concerned that the Mayor's Preliminary Budget fails to carry forward funding for critical City Council Initiatives that promote mental health wellness for children and youth. Notably, many of these Initiatives substantially contribute to the City's existing youth-oriented mental health services infrastructure.

- **Mental Health Treatment for Children Under Five (at least \$1.25 million):** Since Fiscal 2006, the NYC Council has shown visionary leadership in supporting this initiative, which provides psychological trauma services to children under the age of five and their families. This is the only dedicated funding in New York City to provide this level and type of expertise to children and families in need. Neither Early Intervention, nor outpatient mental health clinics offer appropriate supports to sufficiently serve this special population.

This initiative has promoted the development and preservation of the City's existing capacity to serve young children suffering from psychological trauma. Despite these

¹¹ Jennings, J., Pearson, G., & Harris, M. (2000, May). Implementing and maintaining school-based mental health services in a large, urban school district. *Journal of School Health* (May 2000),; 70(5), 201-205.

worthwhile investments, demand continues to far exceed capacity. Since any reduction to this initiative will unquestionably reduce existing capacity, we ask for at least a full FY14 restoration.

- **Autism Awareness Initiative (at least \$1.25 million):** The Autism Awareness Initiative provides families with autistic children support and the intangible benefits that come from support services that defray long-term costs. Specifically, this initiative provides autistic children and their families with wraparound services when school is not in session (after school, summer and school closings). In addition, it funds organizations to provide informational forums, parent support groups and training seminars, advising communities of the impacts of autism and how to address them.
- **Suicide Prevention Hotline (at least \$247,150).** In 2010, Mayor Bloomberg discontinued the City's contract with Samaritans of New York to provide an anonymous suicide prevention hotline. Ever since, the City Council has dutifully restored funding for this initiative year after year. The Suicide Prevention Hotlines hosts 60,000 calls annually, helping to diffuse crisis situations and to connect those in need to care. Samaritans provides an immediate personal response from a caring professionally-trained volunteer. Samaritans' ongoing support during the caller's time of crisis, self-destructive or violent behavior helps to diffuse the caller's emotional distress and minimizes the need for more costly interventions such as emergency services.

This hotline complements the services provided by LifeNet, which is the City's premiere crisis hotline. Anonymity is powerful tool for suicide prevention by enabling those seeking help to get care without risking stigma. Unlike LifeNet, which is required to collect personal information and notify emergency medical services, Samaritan's anonymous feature and focus on personal support captures a share of New Yorkers who may be deterred from seeking LifeNet's services.

Teen suicide is a real and growing concern both nationally and right here in NYC. From 2002 to 2011, homicide in NYC declined by 14.7% while suicide grew by 1.6%.¹² In 2011, the DOHMH reported suicide to be third highest leading cause of death for New Yorkers ages 15 through 24.¹³ The risk of death by suicide reportedly ranks lower for all older age groups.¹⁴ In that same year, 11,431 NYC public high school students reported seriously considering suicide.¹⁵ Sadly, 9,375 attempted suicide¹⁶ and 98% of those attempts required life-saving medical intervention.¹⁷ That previous year, 20 youth ages

¹² Summary of Vital Statistics 2011: The City of New York Mortality. *Bureau of Vital Statistics*. New York City Department of Health and Mental Hygiene (January 2013). Accessed on March 18, 2013 from: <http://home.nyc.gov/html/doh/downloads/pdf/vs/vs-mortality-2011.pdf> .

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ "Unintentional Injuries and Violence: Considered Suicide." *Youth Online: High School YRBS*. Centers for Disease Control and Prevention (2011). Accessed on March 18, 2013 from: <http://apps.nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryId=1>.

¹⁶ "Unintentional Injuries and Violence: Attempted Suicide." *Youth Online: High School YRBS*. Centers for Disease Control and Prevention (2011). Accessed on March 18, 2013 from: <http://apps.nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryId=1>.

¹⁷ "Unintentional Injuries and Violence: Suicide Attempt Treated." *Youth Online: High School YRBS*. Centers for Disease Control and Prevention (2011). Accessed on March 18, 2013 from: <http://apps.nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryId=1>.

10-19 had completed attempts to take their own life.¹⁸ We urge you to restore Samaritan's Prevention Hotline in order to ensure that New Yorkers from all walks of life have a safe and comfortable place to turn in their time of need.

- **HHC Developmental Evaluation Clinic (DEC) Funding (at least \$1.46 million).** The Mayor's Preliminary Budget for FY14 fails to fund HHC's remaining DEC's in the Bronx, Manhattan and Brooklyn. Altogether, these DEC's support over 8,000 visits a year and serve close to 2,000 of New York City's developmentally disabled children and their families. The DEC's offer families affordable opportunities to assess, understand, and treat their child's developmental delays through the use of evaluation, diagnosis and treatment planning. Some centers provide an array of culturally competent services for learning delays, speech and motor functioning and neurological impairment.
- **Mental Hygiene Contracted Services for Nonprofit Developmental Disability (DD) Clinics (at least \$806,000).** This Council restoration preserves the City's subsidy to DD clinics providing uncompensated and undercompensated care to disabled and behaviorally challenged dental patients requiring IV sedation. Private insurers and Medicaid do not sufficiently cover the cost of care. This subsidy enables these clinics to maintain a presence in their communities by offsetting associated operating shortfalls. Notably, this subsidy also offers a strong return on investment, saving the City over \$3.5 million annually on costs associated avoidable hospital admissions. At a time when the State is already proposing to reduce supports to local DD providers, diverting City resources away from community-based settings will only serve to exacerbate existing barriers to care for the City's most vulnerable individuals and their families.

As you work to negotiate the Fiscal Year 2014 Budget, we urge you to protect the programs that ensure New York City's children are healthy, housed, educated and safe.

Thank you for this opportunity to testify.

¹⁸ "Figure 7.12: Teen Suicides by Gender." *Keeping Track of New York City's Children, Tenth Edition*. Citizens' Committee for Children of New York, Inc. (2013).



**Fiscal Year 2014 Preliminary Budget for New York City
Proposes to Cut \$217.9 Million in Net City Funds
for Critical Programs for Children and Families**

The Mayor’s Preliminary Budget for Fiscal Year 2014 proposes **\$217.9 million in net reductions** to city funds for critical programs for children and families. Notably, the Preliminary Budget fails to baseline over \$120 million the City Council restored for child care and after-school programs in Fiscal Year 2013 and actually proposes additional cuts of \$15.3 million to child care and after-school.

The Preliminary Budget also cuts other critical programs such as services and shelter for runaway and homeless youth, the Teen RAPP program, services to prevent homelessness, as well as funds for emergency food programs and food pantries. Furthermore while not shown in this chart of city funds, the Preliminary Budget presentation also lays out significant cuts in the Department of Education due to an anticipated loss of over \$500 million in State Funds if no agreement on teacher evaluations is reached.

Below please find the list of \$217.9 million in proposed city funding reductions to child, family and youth services which are included in the City’s Preliminary Budget for Fiscal Year 2014:

CHILD CARE

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Child Care Restoration			(\$51.4 million)
Job Training and Placement for Day Care Workers			(\$100,000)
Technical Assistance for Child Care Providers			(\$1.0 million)
Child Care Voucher Restoration			(\$12.1 million)
Revised Eligibility for Post Transitional Child Care		(\$5.3 million)	
Sub-Total	\$0	(\$5.3 million)	(\$64.6 million)

APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

CHILD WELFARE AND JUVENILE JUSTICE

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Bronx Child Advocacy Center	\$600,000		
Alternatives to Incarceration			(\$3.35 million)
Center for Court Innovation			(\$400,000)
Child Advocacy Centers (Safe Horizon-Brooklyn, Queens, SI)			(\$500,000)
Vera Institute of Justice			(\$250,000)
Sub-Total	\$600,000	\$0	(\$4.5 million)

EDUCATION

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Increasing school lunch from \$1.50 to \$2.50		(\$8.8 million)	
C.H.A.M.P.S physical fitness			(\$125,000)
Chess in the Schools, Inc.			(\$200,000)
Child Mind Institute			(\$250,000)
Community Schools Planning Project			(\$150,000)
Creative Arts Team			(\$200,000)
Dropout Prevention and Intervention			(\$1.0 million)
Full Day Universal Pre-kindergarten in community based organizations			(\$2.25 million)
650 School Support Staff			(\$3.0 million)
Teachers' Choice (supplies)			(\$3.75 million)
Urban Advantage-Science Education			(\$2.0 million)
Anti-gun violence- Violence Prevention, Conflict Mediation and Youth Development			(\$750,000)
Sub-Total	\$0	(\$8.8 million)	(\$13.68 million)

APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

CHILDREN’S HEALTH AND MENTAL HEALTH SERVICES

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Anti-Gun Violence Initiative - Ceasefire Programs and Therapeutic Services			(\$2.27 million)
Asthma Control Program			(\$500,000)
Autism Awareness Initiative			(\$1.31 million)
Callen Lorde Community Health Center			(\$350,000)
Child Health Clinics			(\$5.0 million)
Court-Based Intervention and Resource Teams	\$371,000		
Discontinued City Subsidy to four School-Based Health Centers		(\$775,000)	
FY13 PEG Restoration – East Harlem Asthma Center of Excellence: Education and Outreach Staff			(\$318,000)
Eliminate DOHMH funding for School Health Vision Screening Program for Kindergarteners and First Graders		(\$2.8 million)	
Family Planning Initiative			(\$350,000)
FY12/FY13 PEG Restoration – HHC Unrestricted Operating Subsidy			(\$6.0 million)
HHC Developmental Evaluation Clinic Funding			(\$1.47 million)
Infant Mortality Reduction			(\$2.5 million)
Layoffs to one of two Immunization Teams and three East Harlem Asthma Center of Excellence outreach staff		(\$700,000)	
Mental Health Contracts			(\$375,000)
Mental Health Treatment for Children under Five			(\$1.25 million)
Mental Hygiene Contracted Services: Chemical Dependency/ADUPCT			(\$525,000)
Mental Hygiene Contracted Services: DD Clinics			(\$806,000)
NYU Mobile Dental Van and Dental Clinic			(\$268,000)
Obesity Prevention			(\$1.3 million)
School Health eliminates education staff for the Condom Availability Program			(\$598,000)
STD Clinic Saturday Hours and treatment in high schools reduction			(\$297,000)
Suicide Prevention Hotline			(\$247,000)
Sub-Total	\$371,000	(\$4.28 million)	(\$25.73 million)

HOUSING AND HOMELESS SERVICES

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Citywide Task Force on Housing Court (HPD)			(\$500,000)
Community Consultants (HPD)			(\$415,000)
Anti-Eviction and SRO Legal Services (HPD)			(\$2.0 million)
Citywide Homeless Prevention Fund (DHS)			(\$250,000)
Mortgage Foreclosure Prevention Program (HPD)			(\$750,000)
Association for Neighborhood and Housing Development (HPD)			(\$100,000)
Sub-Total	\$0	\$0	(\$4.02 million)

LEGAL SERVICES

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Citywide City Legal Services			(\$1.5 million)
Legal Information for Families Today (LIFT)			(\$485,000)
Legal Services for the Working Poor			(\$1.05 million)
SSI-UI Legal Advocacy Program			(\$1.0 million)
Sub-Total	\$0	\$0	(\$4.04 million)

PARKS AND RECREATION

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Playground Associates			(\$1.0 million)
Funding to keep all city pools open for the last 2 weeks of the pool season			(\$891,000)
Keep 4 City Pools Open			(\$546,000)
Funding for Flushing Meadows Corona Pool	\$1.5 million		
Sub-Total	\$1.5 million	\$0	(\$2.44 million)

APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

SOCIAL SERVICES

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Teen Relationship Abuse Prevention Program (Teen RAPP)			(\$2.0 million)
Food Stamps/EBTs at Farmer's Markets			(\$270,000)
Food Pantries			(\$2.07 million)
Expansion at New Amsterdam Market (includes funds to train and employ disconnected youth)			(\$61,000)
Expand Low Income Farmer's Markets			(\$60,000)
Disconnected Youth Training Program (GrowNYC)			(\$65,000)
EITC Assistance Program			(\$150,000)
Sub-Total	\$0	\$0	(\$4.68 million)

YOUTH SERVICES

Program	Proposed Expenditure Increase FY2014	Proposed Expenditure Decrease FY2014	Failure to Fund Council Restoration
Out of School Time Restoration (OST)			(\$50.65 million)
OST Reduction		(\$10.0 million)	
Shelter Beds for At-Risk Homeless Youth			(\$7.17 million)
City Council Beacon Restoration			(\$2.3 million)
Beacon Program Elimination Restoration (Saves 7 Beacon Programs)			(\$2.146 million)
New York Junior Tennis League			(\$800,000)
The After-Three Corporation			(\$3.0 million)
YMCA After School Program			(\$350,000)
Sports and Arts in the School Foundation			(\$1.0 million)
NYCHA Cornerstone Program			(\$926,000)
Sub-Total	\$0	(\$10.0 million)	(\$68.34 million)

TOTAL

PROGRAM	Proposed Expenditure Increase FY'14	Proposed Expenditure Decrease FY'14	Failure to Fund Council Restoration	TOTAL
ALL SERVICES FOR CHILDREN	\$2.47 million	(\$28.38 million)	(\$192.03 million)	(\$217.94 million)