



**Testimony Presented at the New York City Council Fiscal Year 2022 Executive Budget
Hearing
Committee on Finance**

May 25, 2021

Thank you for this opportunity to provide testimony. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. CCC is a 75-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce. We document the facts, engage and mobilize New Yorkers, and advocate for solutions.

I would like to thank Chair Dromm and all the members of the Finance Committee for holding this hearing on the Executive Budget for Fiscal Year 2022.

Children and families have experienced a year of hardship that will continue to impact families across generations. CCC's recent report, [*Child & Family Well-Being in New York City: Ranking Risks and Understanding COVID-19 Impacts Across 59 Community Districts*](#), explores the profound harms the pandemic has done to communities in New York. The report underscores how existing disparities in health care access, housing and employment have only become more exaggerated during the pandemic. New Yorkers who are Black, Hispanic, or immigrants have endured the highest rates of COVID-19 related illness or death. Communities of color with high shares of residents working in essential services faced higher risk of exposure to the virus (e.g. health care and food retail) or industries with higher rates of job and wage loss (e.g., restaurants and hospitality). Meanwhile, more than 470,000 households in New York City lack broadband internet access. This not only limits the possibility of remote work for parents and remote learning for children, but also impedes access to basic health and safety information, as well as needed services, including safety net programs and vaccines.

Given all of these challenges, decisive action must be taken to address the cumulative and compounding consequences of the current crises on children and their families and the preexisting risk factors that have contributed to these sobering effects. Rising parental unemployment levels deepen child hunger, housing insecurity and homelessness; decreased engagement in well-child visits, immunization, and early intervention due to shelter-in-place requirements result in declining child health and development; and inequitable distance learning and learning loss widen the racial achievement gap. These threats to child well-being are also increasing at a time of social isolation and result in declining mental health and heightened risk of child welfare involvement.

There are critical steps the city must take to reverse harmful cuts in previous years, as well as invest in essential child and family services. Below are recommendations for investments needed to help New Yorkers recover and thrive.

Addressing the Health and Behavioral Health Needs of Children

- 1. Fully restore Fiscal Year 2021 cuts to City Council health and human service initiatives. These cuts have impaired the ability of community-based organizations to support communities through the COVID-19 pandemic.**

In the Fiscal Year 2021 Adopted Budget, City Council initiatives saw an average 15-20% reduction in funding. These cuts affected community-based organizations across a broad spectrum of services, ranging from maternal and child health, to reproductive and sexual health, to mental health services, to nutritional assistance, to services designed to connect New Yorkers to the healthcare safety net.

These cuts hit CBOs at a time when community needs were escalating in the face of the pandemic. Many of those providing services through these initiatives belonged to the very communities most impacted by COVID-19, multiplying the harmful effects of austerity during a time when investments in health were needed more than ever.

As New York begins to envision recovery, we urge the Administration and the City Council to recognize that recovery will not be possible without restoring and enhancing the wide spectrum of health and human service that help support struggling families, keep children healthy, and connect communities to care.

We therefore urge that City Council health and human service initiatives at a minimum be restored to their funding levels in Fiscal Year 2020.

- 2. Restore and enhance funding for community-based behavioral health supports**

For years, programs in the City Council's Mental Health Initiatives have used non-traditional, community-based settings to help identify children and families in need and offer developmentally appropriate services and support. These trusted community services are more essential than ever in addressing the trauma children and families are experiencing in the face of COVID-19. Unfortunately, many of these programs saw cuts in the FY21 Adopted Budget. According to a survey by the Coalition for Behavioral Health, because of cuts to Mental Health Initiatives, 40% of providers report serving fewer people; 20% had to lay off staff, and 30% had to cut staff hours.

Given the heightened needs facing children and families now, we urge the City Council to restore and enhance funding for key programs:

- 1) The Mental Health Services for Children under Five Initiative (CU5) allows organizations to work with children to develop psychosocial and educational skills, as well as cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. CU5 has provided screening and psychotherapy to thousands of families, as well as mental health consultation services to numerous pediatricians, preschool**

teachers, and child welfare workers. **We urge city leaders to fund this program at \$1.2 million.**

- 2) **Opioid Prevention and Treatment** Supports neighborhood-based prevention & treatment efforts around opioid abuse, including overdose reversal drugs. Overdose deaths increased 55% from 2015 to 2019. Early 2020 data shows the pandemic made this substantially worse: deaths rose an additional 28% in Q1 of 2020, compared to Q1 of 2019. **We urge city leaders to fund this program at \$4,375,000**
- 3) **Mental Health Services for Vulnerable Populations** supports community-based behavioral health programs, including medication for individuals in transitional housing and mental health services for families with child welfare involvement. **We urge city leaders to fund this program at \$3,477,000**
- 4) **Developmental, Psychological and Behavioral Health** helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more. **We urge city leaders to fund this program at \$2,255,493.**
- 5) **The Court-Involved Youth Initiative** helps identify youth involved in the justice system who require mental health services and provides family counseling and respite services to families of court-involved youth. **We urge city leaders to fund this program at \$3,400,000.**
- 6) **LGBTQ Youth Mental Health** supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved. **We urge city leaders to fund this program at \$1,200,000.**
- 7) **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings. **We urge city leaders to fund this program at \$3,246,846.**

3. **Address the trauma and loss of the pandemic by enhancing school-based behavioral health supports for children.**

When children return to school, the preparedness of the education and community-based behavioral health system will play a critical role in identifying and providing mental health support and treatment to students. An integrated system of intensive supports and services will be particularly important for students who experienced significant mental health needs even before this crisis.

What is *not* needed are punitive responses to trauma that engage the police, emergency services, and school safety agents when reacting to students in emotional distress. Too often, schools respond to a child's need for emotional or behavioral support with suspension, expulsion, or a call to the NYPD or Emergency Medical Services. In fact, the NYPD reported intervening in more than 3,500 incidents involving students in emotional distress in the 2018-2019 school year, with a disproportionate number of the incidents involving Black and Latinx students.

Rather than continue investing in police engagement in schools, **we join other city partners in calling on the city not to hire 554 school police lost to attrition, and instead reinvest that \$50 million in restorative justice, social emotional support, and other school-based supports.** Below are critical areas where additional investments are also needed:

- **Additional funding for direct social/emotional support services in schools.** The Mayor has proposed adding 500 new social workers to NYC schools. School social workers are a critically important part of the behavioral health landscape, and we are grateful for significant investments in this workforce. However, a single social worker is often insufficient to address the complex needs of a school’s population. School social workers should be provided with the training and clinical supervision they need to be supported in their work. City leaders should also make investments in the full continuum of direct social/emotional supports for students, including school-based clinics, wraparound behavioral supports, behavior specialists, trauma-informed de-escalation staff, school psychologists, conflict resolution specialists, and school climate and restorative justice staff.
- **The city should take a thoughtful approach to integrating new social workers in schools to ensure community-based mental health providers also receive the support they need to continue serving students in their communities.** CBOs play a pivotal role in supporting community mental health needs but struggle to keep their doors open in the face of inadequate funding and workforce shortages. Rather than increasing the overall city capacity, significant hirings in schools can often lead CBOs to lose a large portion of their workforce. In order to increase the overall behavioral health capacity of the city, city leaders should strengthen the community-based workforce in parallel with strengthening the school-based workforce.
- **Invest \$15 million in a Mental Health Support Continuum to support the significant behavioral health needs of students in designated neighborhoods in high-need schools.** CCC joins our city partners and the City Council in urging the administration to invest in targeted intensive mental health supports for students such as a Mental Health Support Continuum. This proposal is based on the Mayor’s Leadership Team on School Climate and Discipline’s 2016 Recommendations. These recommendations included strategies to address in-school environment and student behavior to promote a safe learning setting for everyone, one that ensures students who misbehave or make a mistake are provided the supports to stay engaged in school for their academic and social well-being.

The Continuum would implement strategies including clinician response teams; student assessments to determine appropriate level of care needed; direct, ongoing mental health supports; school partnerships with hospital-based mental health clinics; school-based mental health clinicians; whole-school trainings in Collaborative Problem Solving; and call-in centers to advise school staff about students in crisis in two designated neighborhoods with high-need schools.

- **Invest at least \$118.5 million to expand school-wide restorative justice practices to 500 schools.** Restorative practices help build healthy school communities, promoting inclusiveness, relationship-building, and problem-solving to help address student behavior and reduce harmful disciplinary practices. **Ultimately, this investment should be scaled up to \$225 million to allow full implementation city-wide within 5 years. Expansion of whole-school restorative practices citywide.**

4. Develop a comprehensive plan to ameliorate the secondary health impacts of COVID-19 on young children.

National data shows a precipitous decline in preventive and primary care rates during the peak of the pandemic, including a 22 percent decline in vaccinations, a 44 percent decline in physical, cognitive, and developmental child screening services, and a 69 percent decline in dental services.ⁱ

While these rates are beginning to improve, much of the damage has been done, as many children have gone months without the preventive and primary care services that are so important for their development. Early Intervention stands as a stark example of this loss. A recent report from Advocates for Children found that during the 4-week period beginning March 22, there was an 82% decline in referrals from earlier in the year. From mid-April through mid-May, there was 67% decrease in evaluations, and the total number of infants and toddlers receiving EI services between July and September 2020 was 15% lower than the same time period in 2019—a difference of nearly 2,900 children.ⁱⁱ

These rates underscore the urgent need to make additional investments to identify which children have been left behind and develop a campaign to reconnect children and their families to essential preventive and primary services.

We urge city leaders to commit additional investments in these efforts to enable both the Department of Health and Mental Hygiene and community-based organizations to connect families to care, including strategies such as:

- Enhancing funding for community health workers and health navigators.
- Enhancing funding, support, and coordination among public health departments, providers, and community-based organizations to help identify unvaccinated children and connect them to services. Promote streamlined vaccination strategies that have been effective in other states, including pre-visit virtual screenings, mobile vaccinations, drive-through clinics, and curbside immunization clinics, and clearly stated safety protocols to ensure parents feel safe when their children are vaccinated.
- Identifying and implementing strategies to improve children’s access to oral health services, including by promoting mobile dental service models and ramping up school-based dental services once students are able to return safely to school.
- Enhancing funding for child find efforts to identify children who may have missed developmentally appropriate screenings. Additionally, the City should invest in efforts such as the United for Brownsville Early Intervention Ambassador program, designed to combat racial inequities in EI referral and evaluation rates.

Combatting Hunger in the Face of COVID-19

Even prior to COVID-19, 1 in 5 children in NYC were experiencing food insecurity. COVID-19 has had a devastating impact on hunger in the city, leading to a 39% increase in food insecure children in 2020 compared to 2018.ⁱⁱⁱ CCC echoes the priorities of Lunch 4 Learning and the New York COVID-19 Food Coalition in urging the City to take immediate steps to combat food

insecurity and support families struggling with hunger. We urge city leaders to take the following actions:

1. Address emergency feeding and benefits access.

- **\$10M increase in baseline funding for the Emergency Food Assistance Program (EFAP).** As the City Council noted in their budget response, emergency food providers receiving EFAP funding should also be allowed to use program funds to cover their increased administrative, rental and operational costs that have emerged since the start of the pandemic. In addition, we ask that the RFP for EFAP be adjusted to allow more opportunity and incentive for the purchase of fresh food and that pantries have choice in what they buy as they do with the New York State Hunger Prevention Nutrition Assistance Program (HPNAP).
- **\$20M to support emergency food programs operated by community based organizations.** We also support the City Council’s call for an additional \$20M in baseline funding to support smaller community based emergency food providers that are not a part of the EFAP network.
- **\$37M increase to Human Resource Administration towards nutrition benefit program enrollment and outreach.** As City Council noted in their budget response, an additional \$37M in funding for HRA is needed to improve client service, benefits access, and to address individuals that have been pushed off of safety net programs due to their receipt of pandemic relief support. We call on the Administration to allocate some of this funding towards re-opening field offices closed during the pandemic, adding additional One Stop Shop locations, expanding emergency food distribution efforts, adding additional staff to the hotline to enroll people in programs as well as additional money for promoting Health Bucks and Get the Good Stuff Program at DOHMH.
- **Increase Data Sharing and Transparency around GetFoodNYC.** The City Council’s budget response calls for a new infusion of \$80M for the Get Food NYC program in FY22. Yet, little to no information has been made available to advocates or City Council on the details and impacts of the Get Food program to date. Although we are supportive of additional funding for this program, we underscore the need for an oversight hearing with City Council’s General Welfare staff in June 2021 as well as a reporting bill on the on the Administration’s COVID-19 Emergency Food Programs to evaluate the impact and effectiveness of the GetFood program before it is made a permanent fixture of NYC’s emergency food response efforts.
- **Additional \$32 Million Reinvestment in Emergency Food Relief in NYC.** Last spring, the City distributed \$25 million to emergency food providers to help address the hunger crisis exacerbated by COVID. We support the Administration’s request for an additional investment of \$32 Million towards these efforts, including \$27.7M for the P-FRED program as well as the inclusion of new baseline funding to add additional staff and capacity to the Mayor’s Office of Food Policy. We call on the Administration to reinstate the delivery of fresh produce to emergency food providers through the P-FRED program

as quickly as possible. We also urge the City Council to include review and analysis of the P-FRED program at the planned General Welfare Oversight Committee hearing in June.

2. Address hunger in schools.

- **Invest \$3.5 million for additional school food managers in The Office of Food and Nutrition Services (OFNS).** OFNS has been working tirelessly to make sure that students have the food they so desperately need during COVID-19 school closures, and to ensure that these meals are high quality and culturally competent. In order to do so, an additional 60 school food managers should be employed to plan and review appealing menus, educate students on the importance of eating healthfully, train new personnel, and increase participation in the school meals program. Funding for these additional 60 managers would enable OFNS to better achieve these goals, helping to ensure that children are well-fed and ready to learn. To support these managers a culinary institute should be reinstated.
- **Commit an additional \$30 million per year in the DOE’s 5-Year Capital Plan to Expand the Food Court Style (“enhanced”) cafeterias.** OFNS has rolled out an innovative cafeteria redesign in 34 middle and high school buildings that serve 60,000 students across the city. The Chancellor has committed \$25 million for approximately 50 more schools. We join partners at Lunch 4 Learning in calling for an additional \$150 million towards a planned phase-in of 300 more cafeterias over 5 years. The food court style serving line includes more daily menu options, speeds up the serving line, and provides a presentation that dramatically increases the appeal of the food.
- **Expand menu options, including access to halal and kosher meals.** Families would save an average of \$900 per year per student if the school meals met their needs and they did not have to provide lunch from home every day.
- **Ensure ongoing, broad reaching and innovative communication about school food.** Universal Free School Lunch reverses decades of the discriminatory policy that separated children by income in the cafeteria. OFNS must invest in a comprehensive and creative rebranding and sustained marketing campaign. Annual funds must be dedicated to promote UFL and other initiatives such as New York Thursdays, which aims to support local NYS growers.

3. Support community-based organizations feeding New Yorkers.

- **Restore cuts and enhance funding for City Council discretionary initiatives that combat hunger.** These initiatives include the NYC Composting Program; Access to Healthy Food and Nutritional Education; Worker Cooperative and Business Development Initiative at SBS; Food Access and Benefits Initiative; the FoodEd Resource Hub; and food pantries.
- **Allocate \$1 million to establish a new Food Justice Grant Program housed within the Mayor’s Office of Food Policy that supports community-led projects to grow food**

justice. The purpose of the Initiative is to improve healthy food access by investing in community-based projects designed and led by the people most impacted by race, social, health, and environmental injustices.

Ensure Every Child Is Educated

1. Expand full-day and infant/toddler seats.

Publicly funded early care and education is a lifeline for working families in the city, allowing parents to pursue jobs/career opportunities and provide for their families, while having children in licensed, organized and high-quality early education settings. The city must ensure that publicly funded child care actually fits working families' needs, and offer robust care options that provide a full-day of care all year-round.

Mayor de Blasio's Executive Budget expands 3-K for All by 16,500 seats but makes no significant increase in Full-Day/Year-Round Programs that serve infants and toddlers as well as provide a full day of care and summer services for three and four-year old children. Furthermore, due to a rebidding of slots, many longstanding community-based organizations which primarily serve low-income communities and communities of color are now set to only provide school-day/school-year programs, a significant barrier to accessing child care for working families. In the most recent data available for NYC pre-K, only 16% of all four-year-olds received full-day/year-round care while the remaining 84% were in school day/year programs. Meanwhile, many family child care providers who provide full-day care and the bulk of care for the youngest children, were recently awarded DOE contracts for only school-day care for three year-olds.

In order to ensure that child care and preschool is available for working families, CCC and the Campaign for Children urges the administration to make the following investments in the adopted budget:

- \$10 million for approximately 1000 new full-day family child care slot for infants and toddlers.
- \$17.5 million to convert over 2,000 school-day/school-year slots for 3 and 4-year old children to full-day/year-round slots.
- \$17.5 million to expand center-based infant toddler capacity by approximately 700 slots.

2. Invest in CBOs to ensure a successful Summer Rising program

In Spring 2021, the City announced plans to run a new program, Summer Rising, in Summer 2021. A partnership between the Department of Education (DOE) and the Department of Youth and Community Development (DYCD), Summer Rising will replace traditional summer school and camp models, integrating social services and wraparound supports alongside academic remediation. Community-based organizations who operate COMPASS, SONYC, and Beacon programs are well-positioned and tasked with playing a key role in Summer Rising, working with DOE teachers to provide social-emotional support and activities to youth alongside academic enrichment.

The City plans to serve 190,000 youth through Summer Rising, a larger number than is served currently in the DYCD-contracted system and plans to expand contracts with CBOs to serve more youth. This goal is laudable but has created significant concern among CBO providers about having adequate resources to run a successful program. CBOs will need to recruit and hire additional staff, ensure those staff have the proper background checks in place, update SACC licenses, purchase supplies, and recruit youth to participate. Furthermore, current mandated staffing ratios are 15:1, requiring providers to hire more staff than in previous summers. It is also crucial that these staff be compensated fairly and beyond a minimum wage due to concerns about labor shortages. In addition to fair compensation, staff and providers need the comprehensive background checks to be done diligently. Time is of the essence in this matter to create job security and workforce stabilization.

Despite the aspirational goals of the program, and higher staffing needs, CBOs have been told their reimbursement rates will remain the same as every other summer. This is unacceptable and sets CBOs up to fail in their responsibilities in a Summer Rising partnership.

For Summer Rising to succeed, CBOs must have the resources to recruit staff and get programs up and running. DYCD and the administration must increase summer rates across COMPASS, SONYC, and Beacon contracts to at least \$1700 per participant for elementary programs and \$925 per participant for middle school programs.

Finally, the New York City Department of Health and Mental Hygiene must be allocated enough resources to process Comprehensive Background Checks (CBCs) for all CBO staff working in Summer Rising programs. There are significant backlogs in the CBC process that could impact the success of Summer Rising (should the permits used in Summer Rising require the CBC process), with some CBO staff reporting that it takes several months to clear staff. Furthermore, the CBC backlog must also be cleared to allow for a smooth start to after school programming in the Fall. The City should implement a similar strategy as they did to quickly clear vendors for the initial rollout of UPK, by mobilizing a dedicated unit comprised of staff from across all city agencies to make a concerted push to clear all CBO staff for Summer Rising in a timely manner.

3. Include salary parity in Pre-K special education expansion.

The Mayor's executive budget included a new investment of \$22 million in FY 22, going up to \$88 million in FY 23, for preschool special education. CCC was pleased to see an investment in preschool special education, as its long underfunding has led to a growing shortage in seats for preschoolers with developmental delays and disabilities. While these funds will help add 3-K integrated classes and hire inclusion coaches, Early Intervention transition coordinators, and preschool special education administrators, there is no funding included in FY 22 to directly address the preschool special education class shortage. Additionally, no part of this investment will fund salary parity for preschool educators in CBO classrooms, who were excluded from the city's early childhood salary parity agreement in summer 2019.

Along with our partners, CCC is calling for an additional \$85 million investment to address the preschool special education class shortage, and to provide salary parity to teachers of preschool special education classes at CBOs.

4. Ensure recovery and academic intervention efforts are available to all students, including English-language learners and students in temporary housing.

After what was an immensely difficult year for all students, we were pleased to see the administration propose a substantial investment in an academic recovery; \$500 million in FY22, \$250 million in FY23, and \$100 million in FY24 to promote an academic recovery through establishing baseline assessments, supporting core ELA & Math instruction, and providing extra tutoring and teacher planning time. While we are eager to see more details on supports for core instruction or how extra tutoring is offered, we urge the DOE to consider some of their most vulnerable students when developing recovery plans. For example, any supports offered outside of school hours must be sure to include students living in shelters who have limited transportation options.

Additionally, many English-language learners struggled to learn English remotely during the pandemic, and some didn't receive their legally required English as New Language classes or bilingual instruction. All of these classes need to be offered as tutoring or as part of a recovery effort, in addition to separate investments just for English-language learners. Along with our partners in the NYIC Education Collaborative, we are calling for the implementation of the ELL Roadmap, which includes summer and afterschool classes for ELLs, investments in English-language curriculum and assessments, new postsecondary readiness and digital learning initiatives, a communication plan for immigrant parents, and a separate \$20 million fund for grants to community-based organizations that historically serve immigrant families to provide extra-curricular academic enrichment for ELLs and family engagement activities.

Combat Family Homelessness

1. Invest in homelessness prevention and meet the needs of students in temporary housing

As a co-lead of the Family Homelessness Coalition (FHC), we urge the Council to consider the impact of COVID-19 and economic decline on housing security and the need for prevention, improved shelter conditions and expansion of affordable housing. There are over 43,000 people living in family shelter in New York City, including close to 25,000 children under the age of 18.¹ Moreover, family homelessness is a racial justice issue, with two-thirds of shelter system made up by families with children. Nearly 95% of those families are Black and Latinx, often headed by a single mother. The trauma of homelessness and housing instability can have a long-term negative impact on children's physical and mental health, education, and future risk of housing instability during adulthood.

The pandemic and the economic downturn have had an alarming and disproportionate impact on communities that were already grappling with high risk factors associated with housing instability including: poverty, unemployment, overcrowded housing, severe rent-burden, and high numbers of families entering shelter. **CCC and FHC partners urge city leaders to focus**

¹ DHS FY19 Census Data

on eliminating family homelessness with proven approaches to ensure no child grows up without a stable home.

To address family homelessness crisis, solutions must be multi-pronged and include:

- **strengthened upstream prevention** with expanded neighborhood-based services, including eviction prevention counseling, aftercare supports and expanded resources for short and long-term rental assistance.
- **offering on-site shelter services** that promote child and family well-being and increase access to equitable remote learning and telehealth.
- **securing access to affordable permanent housing** through subsidies that are aligned with fair market rate, expedited shelter exits by leveraging rent assistance as well as streamlining the process for placing families into permanent housing.

The availability of \$6 billion in federal aid marks an important opportunity to finally increase rent vouchers to be more competitive, and to pass Int. 146 to raise voucher amounts for greater housing stability children and families. In addition, we must expand the supply of affordable units through new construction and conversion of underutilized commercial spaces.

2. Prioritize and target educational supports for students in temporary housing

Hire additional staff, both in shelters and centrally, specifically to serve students and families living in the shelter system. While the population of students in temporary housing and students living in shelters has increased, the number of shelter-based DOE family assistants has remained the same. Meanwhile, as the pandemic forced students to attend school remotely, students living in shelters consistently had some of the lowest remote attendance and interaction rates. Its clear more needs to be done onsite at shelters to support families, both now and in the future. Along with our partners in the Family Homelessness Coalition, we call on the DOE to use the new resources at its disposal to hire an additional 150 community coordinators to work in shelters with school-age children, to help families navigate DOE systems, enrollment, teacher interaction, and coordinate other educational supports.

ⁱ Centers for Medicare and Medicaid Services. “Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19.” September 2020.

ⁱⁱ Advocates for Children and Citizens’ Committee for Children. “Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind.” December 2020.

ⁱⁱⁱ Gartland, Michael. “One out of three children in New York City is food insecure, non-profit says.” MSN News. March 13, 2021. <https://www.msn.com/en-us/news/us/one-out-of-three-children-in-nyc-are-food-insecure-non-profit-says/ar-BB1eypz?li=BBnbcA1>