

**Testimony of Jenny Veloz and Alice Bufkin
Citizens' Committee for Children of New York
Submitted to New York City Council Committee on Health and Committee on Mental
Health, Disabilities, and Addiction
Preliminary Budget Hearing
March 21, 2023**

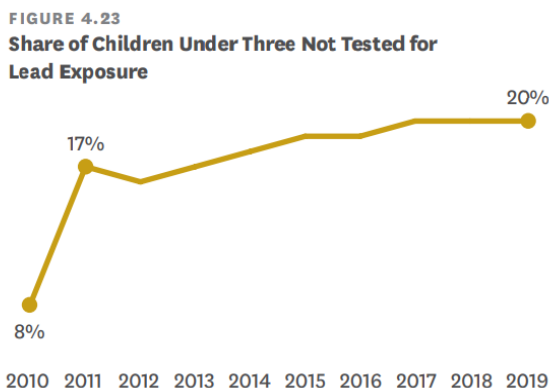
Citizens' Committee for Children of New York is a 79-year-old independent, multi-issue child advocacy organization. CCC does not accept or receive public resources, provide direct services, nor represent a sector or workforce; our priority is improving outcomes for children and families through research and advocacy. We document the facts, engage and mobilize New Yorkers, and advocate for solutions to ensure that every New York child is healthy, housed, educated, and safe.

We would like to thank Chair Lee, Chair Shulman, and all the members of the Committee on Health and Committee on Mental Health, Disabilities, and Addiction for holding today's hearing on the Preliminary Budget for Fiscal Year 2024.

Preventing Childhood Lead Poisoning

CCC is a member of The NYC Lead Poisoning Prevention Roundtable, a coalition of advocates who first came together to create and pass Local Law 1 of 2004 as the New York City Coalition to End Lead Poisoning. Now, the Roundtable focuses on closing loopholes in Local Law 1 and ensuring lead laws are adequately implemented and enforced.

In 2004, New York City enacted Local Law 1 (LL1), the most ambitious lead poisoning prevention law in the country, with the stated goal of ending childhood lead poisoning by 2010. LL1 has had an enormous positive impact: [according to the Department of Health and Mental Hygiene \(DHMH\)](#) the number of children under age 6 with elevated blood lead levels (EBLL) declined from some 37,344 during 2005 to just 3,050 in 2019. Nevertheless, our city's children continue to needlessly suffer permanent neurological damage from exposure to lead-based paint and lead dust in their homes. The share of children under three not tested for lead exposure has more than doubled since 2010.



Moreover, childhood lead poisoning disproportionately impacts children of color and low-income children in New York City. As of 2019, 82% of children under age six with EBLs were Black, Latino/a/x, or Asian. 67% of the children were also in high-poverty neighborhoods.ⁱ The primary source of lead poisoning is lead paint in New York City's old housing stock. Old lead paint can crack, chip, and peel and create dust, especially on friction surfaces like doors or windows. Children living in these buildings have elevated EBLs at more than twice the rate of children in public housing.ⁱⁱ Preventing lead poisoning is a not just a health matter but an environmental and racial justice matter as well.

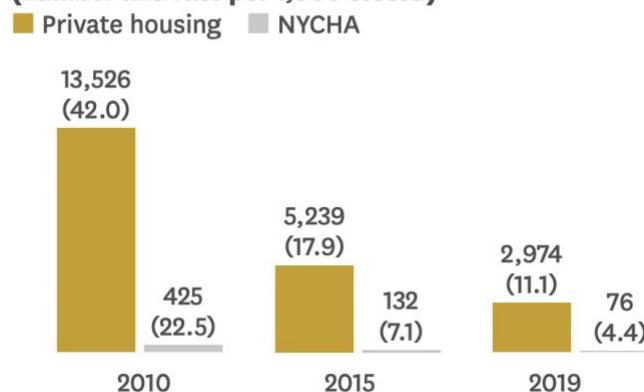
Although Local Law 1 was the catalyst in New York City experiencing a decline in childhood lead poisoning, additional steps are needed to strengthen the city's policies and programs.

Two significant features of Local 1 require landlords to conduct annual inspections and self-report the results of those inspections and abate lead hazards when an apartment becomes vacant. Fines are issued if landlords are in violation of these actions, but these fines are rarely enforced. Because there is no real enforcement system ensuring these obligations are met, landlords continue to get away with failing to ameliorate conditions and in turn, children's health is put at risk.

Child Lead Exposure and Inspections by Borough, 2018

<i>Borough</i>	<i>Children with lead exposure</i>	<i>HPD lead inspections</i>	<i>Inspections per child with lead exposure</i>
Manhattan	1,810	24,313	134
Bronx	5,114	68,923	135
Brooklyn	10,690	46,533	44
Queens	7,682	12,210	16
Staten Island	977	1,537	16

Children Under Six with Elevated BLL by Housing Type (number and rate per 1,000 tested)



In order to protect children from harmful lead exposure, CCC urges the City Council and Administration to pass and fund proposed legislation designed to address childhood lead poisoning by enhancing prevention and enforcement of current lead laws:

- **Int 0005-2022 (CM Diana Ayala):** Requires landlords to produce records of self-inspections, whenever a lead-based paint violation is issued. HPD inspections continue to find many peeling lead paint violations, indicating that landlords do not take seriously their obligation to self-inspect.
- **Int 0006-2022 (CM Diana Ayala):** Requires permanent abatement of lead on friction surfaces in rental units with children under six by a certain date. There currently is no meaningful enforcement and lead paint remains on many friction surfaces, like doorways and window sills.
- **Int 0193-2022 (CM Carlina Rivera):** Would make peeling lead paint in common areas of rental properties a class C violation
- **Int 0200-2022 (CM Rafael Salamanca, Jr.):** Would require quarterly reports from DOHMH to City Council on landlord contestations of Commissioner's Order to Abate (COTA), where children are lead poisoned and the reasons for the contestation.
- **Int 0750-2022 (CM Diana Ayala):** Would create a system for proactive (non-complaint driven) HPD lead inspections in high-risk buildings and neighborhoods

Each of these bills strengthens the original idea behind Local Law 1 and holds landlords and management companies accountable for the health and safety of their residents, especially children. However, for these bills to have meaningful impact, we must ensure that the agencies tasked with enforcing and inspecting have appropriate funding and resources in the budget.

Current vacancies at city agencies are affecting services that impact people's health. We therefore urge the City Council and the Administration to ensure that the CFY2024 Budget prioritizes filling and does not reduce essential staffing in HPD, DOHMH, DOB, HPD, DEP, DOE, DOT, and NYCHA as ongoing vacancies and staffing reductions could negatively impact the city's ability to identify and address lead hazards for children and ensure access to supports and services that promote good health.

Including appropriate funding and resources for lead poisoning programs in this year's budget (and future budgets) will ensure the safety and health of New York City's children.

Supporting the Behavioral Health Needs of Children in Schools

Schools play an essential role in meeting the behavioral health needs of children, yet New York City's approach to addressing the social-emotional needs of students in schools has often been fragmented and insufficient. Far too many students experiencing an emotional crisis are still sent to emergency rooms, subjected to police intervention, or punished with disciplinary practices such as suspension. Between 2016 and 2020, the NYPD responded to a total of 12,050 incidents in which a child in emotional distress (also known as "child in crisis" incidents) was removed from class and transported to the hospital for psychological evaluation. Prior to school shutdowns due to COVID-19, the number of children in crisis interventions was 24% higher than

the in 2016-17, and more than a third of students in emotional crisis who was handcuffed was a Black boy, despite Black boys accounting for only 13% of enrollment.ⁱⁱⁱ

Schools need the resources and training necessary to support the mental health of all students, rather than relying on punitive and traumatizing responses to student behavior. We urge you to take the following actions in the budget to support the mental and emotional wellbeing of students.

- **Fund and baseline \$5 million for the Mental Health Continuum, an evidence-based model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics.**

For the past two years, the City has allocated \$5 million for an innovative model called the Mental Health Continuum, an integrated system of targeted and intensive supports for students with significant mental health needs. This model includes school partnerships with a number of external partners, including NYC Well, professionals for crisis response, and training for school-staff. Through a partnership between the DOE, H + H, and DOHMH, this model aims to meet the needs of students with significant mental health challenges in 50 schools with the highest rates of NYPD interventions, suspensions, and chronic absenteeism.

The Mental Health Continuum represents the first time ever cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. However, the City has continued to allocate funding one year at a time, preventing the program from achieving the security necessary for long-term hiring, planning, and bringing to scale. To fully implement and sustain the Mental Health Continuum, the City must baseline \$5 million for the program.

- **Provide \$28.5 million to add school-based mental health clinics to 100 new sites and expand the capacity of existing clinics.**

School-based mental health clinics provide on-site clinical services to students. These clinics provide essential clinical supports to students, including diagnosis, individual and family counseling, and more. SBMHCs bill Medicaid and insurance directly for services provided to students. However, City funding is essential for enabling clinics to offer a more comprehensive and inclusive array of services, including services for uninsured children, services for children without a diagnosis, and trainings and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the City funding necessary to provide the types of wraparound supports that are so essential for ensuring a school-based mental health clinic is part of a continuum of whole-school supports for students. It is critical for the City to provide additional funding to support existing SBMHCs so they can be more comprehensive, inclusive, and effective.

Moreover, far too few schools have access to School-Based Mental Health Clinics: as of the 2020/2021 school year, only approximately 10% of NYC schools had a clinic on-site.^{iv} In addition to supporting the operation of existing clinics, the City should significantly increase the overall number of school-based clinics so more students can benefit from their services.

- **Expand and fully complete implementation of restorative justice practices.**

Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships. Effective models of restorative practice include hiring a restorative justice coordinator at each school, training staff and members of the school community, and supporting young people in leading restorative practices through both stipends and training. We urge the City to use federal stimulus funding allocated for Restorative Justice Practices before it expires and continue and expand funding by baselining \$120 million—at both the individual school and central DOE levels—for full and effective implementation of Restorative Justice Practices in 500 schools.

- **Provide \$1 million to continue and expand the Parent Healing Ambassador Program, an effort to support long-term parental involvement in transforming NYC Public Schools into centers of healing.**

During to the 2021-2022 SY, over 800 parents from throughout the city participated in this program, where participants received a 4-part professional learning series designed to deepen skills and knowledge about mental health and wellness. Parent Healing Ambassadors led healing sessions and various wellness initiatives for families at their schools and received a stipend for their contributions. The Ambassador program is a part of a larger effort to advance [healing-centered practices](#) which focus on adopting trauma-sensitive classroom practices, integrated mental health and wellness supports, school-wide restorative and supportive practices, parent and student engagement, anti-racist and culturally-responsive curricula, strengths-based learning, and opportunities for enrichment and creative expression.

Enhancing Community-Based Supports for Children and Families

Address Chronic Shortages in Behavioral Health Care for Children and Families.

The primary challenge facing behavioral health access for children in New York City – and across the State – is an inadequate provider network that is unable to meet the wide array of behavioral health needs of New York’s children and families. This shortage is largely due to a deeply under-resourced system, which is itself driven by historically inadequate reimbursement rates in Medicaid and commercial insurance, as well as in city and state contracts. New York City cannot address access without addressing the workforce.

At the state level, advocates are fighting in support of a 8.5% COLA for the human services behavioral workforce. **New York City should seek to match the 8.5% proposed COLA for the human services workforce, and at a minimum advance a 6.5% COLA at the city level, in order to ensure parity between providers of city and state contracts, and to help ensure a stable and sustainable behavioral health workforce.**

Additionally, the city must recognize the complex ecosystem of children's behavioral health supports, and the importance of providing sustained funding for the full continuum of children's services. Specifically, City employees who provide behavioral health supports receive significantly higher salary and benefits than community-based providers paid through city contracts. As a result, the community-based workforce has faced instability, often seeing qualified staff leave CBOs in order to take positions paid through the City. The resulting vacuum in staff leaves providers facing staffing shortages, and pulls providers out of the lives of families and communities who may have relied on those services. **New York City should ensure contracted behavioral health workers have comparable salary and benefits to City providers.**

Support Existing City Council Mental Health Initiatives.

City dollars also allow for a unique level of flexibility and wraparound support that state funds, Medicaid, and commercial insurance cannot offer. City Council initiatives, for instance, have for years 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 have been able to adapt to the specific needs of communities and support programs that are challenging to fund through state and federal sources. **As the City Council considers the Fiscal Year 2024 budget, we urge you to maintain funding for essential City Council Mental Health Initiatives, including:**

- **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.
- **Opioid Prevention and Treatment** Supports neighborhood-based prevention & treatment efforts around opioid abuse, including overdose reversal drugs.
- **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.
- **Developmental, Psychological and Behavioral Health** helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more.
- **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.

- **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.
- **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings.

Provide \$3 Million to Fund a New Youth Mental Health Initiative

Though existing City Council mental health initiatives have provided important behavioral health supports to communities, there is need for an initiative with a more targeted focus on addressing the mental health needs of youth in the city. 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, lead structured group activities, or test other innovative, hyper-local solutions to youth mental health needs.

Thank you for your time and consideration on these critical issues for children’s health and emotional wellbeing.

For questions, please contact Alice Bufkin at ABufkin@cccnewyork.org

ⁱ “A Roadmap to Eliminating Lead Poisoning in New York City.” New York City Coalition to End Lead Poisoning, Lead Roundtable. 2022

ⁱⁱ “Childhood Lead Exposure (2020).” CCC Keeping Track Online. Retrieved from: <https://s3.amazonaws.com/media.cccnewyork.org/2022/06/4.-Health-and-Mental-Health.pdf>

ⁱⁱⁱ Advocates for Children. “Police response to students in emotional crisis.” June 2021. https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf?pt=1

^{iv} CCC Analysis of DOE Dataset. “2020-21 SMH Service Coverage.” May 9, 2022. <https://data.cityofnewyork.us/Education/2020-21-SMH-Service-Coverage/qxht-vysj>