

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW-NYC)

New York City Chapter Executive Director: Dr. Claire Green-Forde, LCSW

NEW YORK CITY EDUCATION AND BUDGET AND REVENUE COMMITTEE PUBLIC HEARING

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Thank you for allowing the National Association of Social Workers-New York City Chapter (NASW-NYC), to present testimony regarding the 2021-2022 adopted education budget's planning requirements for Foundation Aid and federal funds under the American Rescue Plan (ARP).

My name is Dr. Claire Green-Forde and I currently serve as the Executive Director of the National Association of Social Workers, NYC Chapter (NASW-NYC). The National Association of Social Workers- NYC Chapter represents <u>over 5,000 social work members in the New York metropolitan area</u>. As part of a national organization with over 110,000 social workers across the country, we are honored to represent our profession for such an important and timely discussion.

Social workers are uniquely positioned and trained to address a wide range of biopsychosocial needs impacting individuals, families, and communities. Among many specialty and practice areas, social workers are trained in advocacy, community organizing, policy, and mental health. On any given day, social workers support thousands of individuals and families facing a myriad of needs, including supporting the social, emotional, and mental health needs of children and in our schools. We appreciate this opportunity to speak about the impact of budget requirements and funding specifically as they relate to social workers in schools.

In April of 2021, the NYC's Mayor's Office announced an unprecedented expansion of school based mental health supports through the NYC Department of Education's hiring of 500 social workers. While the National Association of Social Workers-NYC Chapter applauded the city's efforts to expand supports for our most precious resources, we would be remiss if we didn't note that from the onset, we were concerned about how this unprecedented funding would impact children and families receiving supports through community based organizations and nonprofits. Our concern largely centered on our awareness of the vast inequalities in the private vs public sector with respects to compensation, supervision, and professional support for social workers. We were aware then, as we're seeing now, that unless equity was the focus, these efforts would result in shifting the allocation of community based service personnel from the private to public sector, rather than actually increasing the services and staffing across the board to respond to the need of NYC students.

Community based organizations, through the efforts of many professionals, including social workers, provide a vast majority of social and health-based safety net supports for New Yorkers and many communities around the country. These organizations and the individuals who work on behalf of our communities, perform a number of services that not only provide supports for individuals, families, and communities, but help to create tangible interventions while significantly reducing the financial strain on government and large public systems. While these organizations and the social workers employed by them are integral to New York City and beyond, they have not traditionally received the recognition and funding necessary to adequately support their clients or appropriately compensate their highly qualified employees. As the largest professional membership organization of social workers, we often hear from social workers, including school based social workers in NYC.

Among the most repeated concerns for NYC social workers are:

- 1. Extremely low compensation for the education, skills, training, and licensure social workers must hold to practice,
- 2. High caseloads and inadequate staffing,
- 3. Inadequate or no supervision.

Resignation and discrimination: The Impact of low and inequitable compensation

Historically, social workers have played a significant role in responding to the needs of our communities and have been vital to supporting countless children in educational settings across NYC and the nation. While the services and supports provided are comprehensive and performed by highly skilled and trained social workers, the historically low pay for social workers in the nonprofit sector is currently placing a strain on community based organizations servicing our children. Additionally, it is creating a significant gap as social workers seeking to be appropriately compensated, leave roles in the community to go to public institutions with higher pay. This impacts the school's ability to provide compressive social, emotional, and mental health services, and leaves thousands of children vulnerable as more slip through the widening gaps.

Moreover, if we assess who is receiving treatment/support as well as the areas where most of the community based organizations are serving, it is clear that many of the students impacted may already be coming from under resourced communities and are representative of Black Indigenous, and People of Color (BIPOC) groups. This further exacerbates an already bifurcated and unequal social system of care in NYC, whereby BIPOC communities and youth, have disproportionately borne the consequences of inequalities perpetuated by social and racial disparities.

What will it take to heed the dire warnings and adequately fund mental health professionals in our schools? What else are we willing to risk? How many more lives will we need to lose to care enough to be proactive, rather than reactive to the needs? We know the gaps, we know the inequalities, and we know that BIPOC communities are negatively impacted. Moreover, we are keenly aware that many of the mental health services provided in the field, are administered by women identified individuals. Women make up a significant portion of the social work and related mental health fields and remain among the lowest compensated despite equivalency, education, and experience. The continued underfunding of social work and related mental health professionals in our community and schools, is an issue of race, gender, discrimination, and classism. When will we say enough is enough and adequately fund the professionals and social workers who are working to save our children's lives?

Life or death: High caseloads and understaffing

As social workers, we are charged by our professional <u>Code of Ethics</u> to empower oppressed and marginalized individuals and communities. Children are among our most vulnerable and precious resources and so, we ask, what about our children? Social workers have an additional responsibility to ensure the safety of our clients. School based social workers, like many professionals, are mandated reporters. What happens when they aren't enough social workers to intervene and report suspected cases of abuse? How many cases went unreported during the lock down caused by COVID-19? What happens when social workers are stretched far beyond human capacity and are under resourced and overburdened with high caseloads? What happens when there are schools with no social workers or, one social worker to serve over 1,000 students? What happens to the families who don't know the words or have the resources and connections needed to access quality <u>social, emotional, and mental health services for their children</u>? What about those who live in communities where services are few and far between?

As a licensed clinical social worker, I have the pleasure of mentoring others in the field, including social workers in criminal justice, mental health, and school settings. As the Executive Director of NASW-NYC, I have the privilege of interacting with social workers across several disciplines. I can tell you firsthand how detrimental the inadequate staffing of social workers in our schools continues to be. Earlier this year, I was asked by a colleague to speak at her school's virtual professional panel hosted for students. I created a presentation that was specifically focused on women identified students, and centered that discussion on empowerment, self-love, and the strength of community and seeking help. I was scheduled to provide two sessions to two groups of students virtually. While many children had their cameras off, unbeknownst to me, my presence in those two sessions allowed children who had fallen through the gaps, to be seen. While presenting, I noted how children were responding verbally and in the chat to each other and the presentation. On two separate occasions, I noticed the inflection in students' voices, and honed in on how some children in the group responded. I knew something was wrong. I couldn't dismiss the feeling and considered if I should say anything because this was outside of my role as a guest and certainly, as someone not employed by the school, I might be putting myself at risk professionally.

Despite my uncertainty, I felt so strongly that these children needed help that after each of my presentations, I asked to speak to the teacher monitoring the virtual sessions. On both occasions, I advised that while I was a guest and not seeking to know anything confidential about these children including their full names, my years as a social worker and clinical training, led me to believe that these children needed help and to be connected to mental health resources. The teacher was surprised that I picked up on these needs only through observing the children virtually as they were off camera, as well listening to them speak briefly.

While details were of course not shared with me for confidentiality purposes, I later learned that the two children I 'flagged' did indeed have significant and unaddressed mental health needs. My colleague reached out to express gratitude for my willingness to share my concerns, and noted both children, despite significant histories of mental health needs, including suicidal risk, had "fallen through the cracks and off our radar because we don't have enough social workers to help the students. We don't have a supervisor who understands mental health and can help us navigate the clinical needs because we report to the principal, and we're just trying to survive the burden this pandemic. We are exhausted."

I'm incredibly grateful and count myself blessed to have been presenting that day for no other reason than the potential of saving two children's lives. While I've felt blessed to have had that encounter, I've also been incredibly disturbed and haunted by the knowledge that there are many more children that need help and are falling through the cracks because of inadequate staffing of social workers. What if I wasn't presenting that day? What would have happened to these children? I wonder if they actually got the help they need because our community services are also under resourced, under staffed, and underfunded. I think of the thousands of children across NYC who don't get help, who have waitlist to be seen, and who can't afford to pay for quality treatment that is culturally responsive. I share this story because it's important that we go beyond checking boxes, filling quotas, doing press events, or shifting resources from one sector to the other, only leaving gaps that more and more children are slipping through. New York City's children are at risk. Communities and families are losing their children to preventable illness and suicide. School is, and has been a safety net for many students. We need trained social workers in all of our schools, and we need to fund them equitably and hold schools accountable for using those funds to hire, retain, and support the professional development of social workers in both the public and private sector.

Supervision: Skill and clinical training required

New York State has some of the most compressive and strict educational requirements needed to be licensed as a social worker. While licensed at two levels in New York, those wishing to pursue the degree of social work, after completing an undergraduate degree, must complete two (2) years of course work and 900 hours of training to obtain their Masters degree. If licensure is desired or required for employment as it is in many cases in New York, they must take a national exam upon graduation to be authorized to practice as a licensed master social worker (LMSW). Those wishing to obtain their clinical license in New York, which allows them to diagnose, assess, and treat severe mental illness, must complete an additional three (3) years of supervised work, 2000 hours of direct practice treating, diagnosing, and assessing clients in an approved setting, and must take and pass a second national exam allowing them to practice as a licensed clinical social worker (LCSW). The training for social workers, among many things, is very specific to mental health, human development and behavior, and advocacy. Both levels of licensees are required to complete 36 continuing education credits every three (3) years to maintain their license in New York.

Despite the noted education, experience, and training needed to be a social worker, many school based social workers are either not supervised, or inadequately supervised as they report to someone in the school with <u>no</u> mental health training or experience. Additionally, many have to complete professional development on their own time and cost, to maintain their license since the limited professional development opportunities in their schools, do not address their professional needs.

In our society, we do not allow police officers to be supervised and trained by non-law enforcement personnel. We do not allow medical doctors to be supervised by someone who is not a doctor and has vastly different training and experience. We do not allow someone without training and registration as an architect to draft and submit plans for a building. Nor do we allow people who are not trained and qualified as fire fighters, to respond to 911 calls for fire and other related emergencies. Yet, by and large, in social service agencies, health care settings, and schools across the city and state, we allow individuals who are not clinically trained as mental health professionals, to supervise those who are. While the training that teachers and principals complete is rigorous in its own right, it does not prepare them to recognize, assess, and intervene with students who have mental health needs. It doesn't prepare them to recognize and advocate for services on behalf of students who may be neuro-divergent, and it doesn't prepare them to fully respond to children with disabilities and behavioral health needs. This has nothing to do with the quality of the training or the individual; it has everything to do with the type of training, experience, and education necessary to be competent and practice in a specific field.

The refusal to adequately fund and support the hiring and retention of clinically trained staff who can support the development of social workers as well as provide guidance regarding appropriately responding to the mental and psychosocial needs of the students, places both the student and school at risk. While under education law, many schools are not authorized/approved settings to practice treatment and diagnosis, that fact does not absolve government and schools of the responsibility to adequately staff, train, and support social workers and other mental health providers in their schools so that they can effectively perform their jobs and help students. While school based social workers are generally authorized to

provide supportive therapies, connect students and families to resources, and find services in the community, we are risking children's lives if we continue the course of under paying, over working, and inadequately supporting these professionals. They are burnt out and will continue to leave the field creating wider gaps in treatment.

What might have happened in the very real story I shared were I not presenting to the students that day? How much longer would those children have suffered? That thought terrifies me and yet, I'm more haunted by the fact that as my colleague shared, the social workers report these cases to their principal, who though supportive, has no or very little insight into the clinical needs of the students. How can we expect the principal who is tasked with running the school, and is not clinically trained, to provide tangible supports, recommendations, and insights to help guide the response of the social workers trying to find resources for the child who is having suicidal ideations or engaging in self injurious behavior? The reality is we do have these unrealistic and negligent expectations and it's harming our children.

Effectively addressing the needs of our students requires that we partner with, and learn alongside those impacted. That means we must partner with the community, parents, students, and mental health professionals to address the needs and close the gaps. This requires a lens that fully embraces diversity, equity, and inclusion and requires funding equity in both the public and private sector. It necessitates accountability and transparency in the schools receiving funding, and consistent impartial oversight regarding how, who, when, what, why, and where resources are being spent in our schools.

The National Association of Social Workers-NYC Chapter overwhelmingly supports efforts to address the mental health needs of NY's children through the adequate funding and compensation of social workers, the provision of appropriate supervision by qualified staff, the increase of school based services to help our students, and supporting the professional development of social workers. We stand ready to be a partner and resource to you and are happy to assist you in identifying models of care grounded in our professional expertise in mental health, advocacy, community organizing, and cultural humility.

Thank you for this incredible opportunity to advocate for mental health and psychosocial services on behalf of the thousands of NYC students who need support and access to quality mental health care. NASW-NYC firmly believes that the way forward is built upon respect, partnership, understanding our interconnectedness, and creating equitable and culturally humble access to mental health services in NYC's schools.

In partnership,

Dr. Claire Green Forde

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