



**Testimony of Alice Bufkin
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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. 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 to ensure that every New York child is healthy, housed, educated, and safe.

I would like to thank Chair Weinstein, Chair Krueger, and all the members of the Assembly and Senate Committees for holding this hearing on the mental hygiene-related proposals in the Governor's Executive Budget for the State Fiscal Year 2022.

This year has been unlike any other for New York's children and families. Disrupted education, job loss, housing instability, food insecurity, and the immense loss of life from the COVID-19 pandemic have all deeply impacted children's mental and emotional well-being. Our new report, *Child and Family Wellbeing in New York State: Ranking Risks Across 62 Counties*, lays bare the cumulative challenges facing children and families and draws attention to the obstacles and inequities already prevalent in New York that have been exacerbated by the pandemic and require significant action and investment. The needs of New York's children are so grave, that to pursue austerity measures now at the state and local level would only worsen the effects of the pandemic, particularly for children from Black, Latinx, and immigrant households, and prevent their and New York's recovery. Now is the time to protect funding for child and family supports, and to invest in our children to ensure they not only recover from this crisis but are able to thrive. To that end, we must not only strongly advocate at the federal level for direct state and municipal aid and support for essential programming, but must also be bold in our pursuit of state tax policy and revenue proposals.

Children's Behavioral Health in New York State

Even prior to COVID-19, New York had a children's behavioral health crisis. In 2016, suicide was the second leading cause of death for New York children age 15-19, and the third leading cause of death for children age 5-14.ⁱ Between 2007 and 2018, New York has seen a 44% increase in the suicide rate of young people age 10 to 24.ⁱⁱ

With the arrival of COVID-19, the need for behavioral health services has skyrocketed. Between March and July, 2020, 4,200 children suffered the loss of a parent or guardian to COVID-19. An additional 325,000 children have fallen into or near poverty due to this pandemic.ⁱⁱⁱ From June to July, almost half of all youth aged 18 to 24 living in the New York Metropolitan Statistical Area (MSA) reported symptoms of anxiety and/or depression.^{iv} A CDC survey from June 24-30 found that one in four young adults between the ages of 18 and 24 reported having seriously considered suicide in the last 30 days.^v As a result of COVID-19, children and teens are grappling with unprecedented economic deprivation, housing insecurity, loneliness, disrupted and disjointed schooling, and a grave loss of life in their families and local communities.

Even as needs have spiked, the ability of families to access services has been heavily impaired. National Medicaid and CHIP data shows a dramatic decline in primary and preventive services during the pandemic, including a 44% decline in child screenings and outpatient mental health services between March and May.^{vi}

As children have been unable to receive preventive services, their needs have become more acute, resulting in a sharp increase in emergency room visits, hospitalizations, and crisis response. A CDC report from November 2020 found that compared with 2019, the proportion of mental health-related emergency department visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.^{vii} Reports from New York have shown a devastating rise in suicidal children waiting for hospital beds during the pandemic, their families left desperate to find services that just aren't there.^{viii}

Like all other aspects of this pandemic, the mental toll of COVID-19 has fallen disproportionately on those already most marginalized. Black and Hispanic children in New York have experienced parental/caregiver deaths from COVID-19 at twice the rate of Asian and white children.^{ix} The health and economic impacts of COVID-19 have been felt most strongly in working-class immigrant neighborhoods, and among Black and brown communities that have faced historic and institutional inequities. With the added strains of job loss, loss of loved ones, housing instability, food insecurity, and a host of other instabilities, more and more children have been placed at risk of poor mental health.

Compounding the impact of COVID-19 are the harms of institutional anti-Blackness and police violence that children are coping with in the wake of the killing of George Floyd and the police's violent reaction to protests. Even prior to this crisis, we were beginning to see a rise in suicide among Black youth.^x The factors driving this spike – including job loss and economic insecurity, lack of access to mental health resources, and the toxic stress of racism – have all been heightened during this crisis. NYC Well saw a nearly 10% surge in calls during the week following George Floyd's death, on top of increase in calls from pandemic.^{xi} The systemic racism and anti-Blackness students experience in their communities, schools, and daily lives is a second pandemic that must be addressed.

New York Families Cannot Afford Cuts to Children's Behavioral Health Services

As children and families in New York face new and magnified threats to their emotional and mental wellbeing, New York must stand strong in resisting efforts to cut back on critical

behavioral health services. In last year's state budget, there was a commitment to holding children's behavioral health harmless, including through the restoration of cuts to Children and Family Treatment and Support Services (CFTSS). These steps were essential in preventing harm to an already underfunded system, and we must maintain this moratorium on cuts leading into this even more challenging year.

Unfortunately, the Executive Budget includes a number of cuts that threaten the healthcare infrastructure of the state, including the ability of the state to meet the behavioral health needs of children. **CCC opposes the following cuts in the Executive Budget that could adversely impact mental health services for children:**

- The proposed 5% cut to nonprofit Local Assistance, which would damage the ability of nonprofits to survive and continue serving their communities;
- The removal of \$22 million originally intended for the Community Mental Health reinvestment fund; and
- The proposed 10% cut to the State's reimbursement of NYC's Article 6 General Public Health Works program. Community-based mental health programs are among the many services provided through Article 6 funding, which have experienced a 16% reduction in state reimbursement in the previous two years.

Collectively, these cuts threaten a system that is already inadequate to meet the growing needs of children. The chronic underfunding of the system is evident in the declines we have seen in available services:^{xii}

- Fewer than 20% of the 4,433 public school buildings have a satellite school based mental clinic and even then, access is limited to just the children in the building;
- There are only 390 OMH certified Residential Treatment Facility (RTF) beds operating in New York after decades of stable operation of 517 beds;
- About 6,800 children are enrolled in the newly consolidated children's Home and Community Based Waiver program, when about 7,100 were enrolled in it before the HCBS reform was completed in 2020. The program was supposed to grow by 190 children each year;
- About 8,900 children have received the new Medicaid State Plan Services and the Child and Family Treatment and Support Services (CFTSS) since 2019, but the state estimated that over 200,000 would be eligible;
- About 32,000 children are accessing Health Home Care Management, but the state estimated and based the rates on an actuarial estimate that 174,000 children would receive the service.

Disruptions in care have already led to spikes in behavioral health emergencies nationally and in New York State. Cuts now will only further escalate crises, and result in long-term harm to families and long-term costs to the state.

New York Must Make Targeted Investments in Behavioral Health for Children and Families

Despite the dire economic crisis facing the state, it is clear that if New York does not invest in services to help New Yorkers recover *now*, the harm to families and the costs to the state will be

multiplied in years to come. **We therefore urge the State to make targeted investments in children's behavioral health services in the following areas:**

- **Create parity between children's behavioral health services in Medicaid and the Child Health Plus Program (A.303 (Gottfried)/S.2539 (Rivera) and A.343 (Gottfried)/S.2538 (Rivera))**

Currently, the Child Health Plus program offers a narrower array of behavioral health services for children than the Medicaid program does. While Medicaid offers outpatient services (crisis, day treatment, clinic, and Child and Family Treatment and Support Services (CFTSS)) as well as inpatient options (residential treatment, emergency department, crisis residential, and inpatient hospital), CHP offers only hospital and clinic services. Among those services provided in Medicaid but not CHP are Child and Family Treatment and Support Services, which offer an array of family-focused, community-based services that were introduced as a cornerstone of the State's redesign of the children's behavioral health system.

Addressing this disparity is an issue of equity, especially given that CHP serves many children who are ineligible for Medicaid because of their immigration status. A.303 (Gottfried)/S.2539 (Rivera) and A.343 (Gottfried)/S.2538 (Rivera) would require the CHP to cover all EPSDT services, and A.343/S.2538 would remove the requirement that mental health services be limited to those authorized by the Commissioners. These bills will help address disparities between the programs and ensure many of the 400,000 children in CHP have access to an expanded array of services, including CFTSS.

- **Invest a significant portion – up to 25% - of new federal funding for behavioral health services into programs serving children and families.**

Historically, children have received only a fraction of the overall behavioral health investments in the State. By failing to invest in children, the State is failing to invest in the preventive services that help address behavioral health needs early, before children grow into adults with more complex needs that require more intense and costly services to address. New York must re-examine how it allocates behavioral health funding, but at a minimum must more equitably distribute new federal funds arriving to the state and ensure that at least 25% of appropriate funds be earmarked for services for children and families.

- **Provide sustained funding to increase behavioral health integration for families and in early childhood settings, including primary health care, early care and education settings, and Early Intervention:**
 - Enable providers to bill Medicaid for the provision of dyadic therapy based solely on the parent/caregiver being diagnosed with a mood, anxiety, or substance use disorder. This was one of the recommendations included as part of the First 1,000 Days on Medicaid initiative, and is an important step towards promoting two-generation approaches towards mental health.
 - Enhance mental health supports for postpartum parents by allowing therapy services provided by licensed social workers to new mothers to be billable for at least three years after birth. Additionally, the state should move towards continuous coverage for parents

in the first three years of a child's life, beginning by extending the covered postpartum period from 60 days postpartum to a full year (S1411(Rivera)).

- Increase state funding and maximize Medicaid reimbursement for integrated behavioral health programs for young children such as Healthy Steps.
- Simplify licensure requirements for same-day outpatient behavioral health and primary care.

Enhance Supports for Students with Behavioral Health Needs

- **Ensure every student has the behavioral health resources they need in schools. Begin by dramatically expanding access to school-based behavioral health services,** prioritizing expansion in regions hardest hit by COVID-19 and those with high child poverty levels. Over the next three years:
 - Increase the number of school-based mental health clinics by **10% per year**;
 - **Triple** the number of Community Schools, which play an essential role in offering wraparound and supportive services to students and their families; and
 - **Double** State Education Department investment in school-based behavioral supports, including but not limited to trauma-informed care, restorative practices, and wrap-around care.
- **Reject punitive approaches like suspensions that cause harm by pushing students out of school and into the school-to-prison pipeline.** Many students returning to school will have experienced trauma and are entering an uncertain academic environment with new rules and anxieties. Many students will continue struggling to adapt to both in-person and remote learning in this new landscape. Schools cannot respond with unnecessarily punitive responses such as suspensions, expulsion, and involvement of emergency services or the police that disproportionately impact students with disabilities, LGBTQ students, students from low-income households, and students of color. Schools and staff must be given the training and resources they need to respond with developmentally appropriate interventions, including training on trauma-informed care, restorative practices, and healing-centered models. We also join many state partners in calling on New York City and New York State to continue a moratorium on suspensions to ensure children are not losing out on even more learning and have the support they need to heal.

Develop an Equitable Approach to Telehealth Access

We applaud many of the items included in the Governor's recent proposals to support telehealth. We are grateful that many of the flexibilities that allowed for rapid response to the COVID-19 pandemic will remain in effect going forward, enabling providers to reach families in hard-to-reach areas or those who struggle to access care in-person. We are eager to follow and provide input on the implementation of these and other proposals.

However, there are aspects of the telehealth proposal in the budget that still require clarity. One area we request be addressed is clarification that youth and family peers will be allowed to provide telehealth services. Moreover, we believe it is critical that parity exist between telehealth rates (including telephonic services) and in-person rates. Providers already often run their

programs at a loss; slashing telehealth rates will only weaken the ability of the state to provide outpatient services and drive an increase in the need for inpatient care.

Additionally, the State must take immediate and urgent steps to address the digital divide that has widened existing health disparities within our state, especially for those already most marginalized. Too many children and families in shelters, foster care children, and those in other congregate care settings have lacked tele-services for many months. We hear over and over that children continue to lack adequate devices and internet connectivity to connect to both school and teletherapy. New York must move towards a universal guarantee of internet access and approach the internet as a public utility that all New Yorkers are entitled to.

Finally, New York must engage families and communities directly in developing a long-term strategy to address inequities in access driven by racism, poverty, disability, age, immigration status, and other characteristics that have led to a growing divide between those who do and do not have access to health and telehealth services. As part of this work, the State must closely examine the quality of behavioral health services provided through telehealth and must actively work to ensure patient choice is prioritized when determining how services are delivered.

Support and build workforce capacity to address increased needs.

Even before the pandemic, New York suffered a shortage of children's behavioral health providers. For instance, New York has only one child psychiatrist for every 10,000 children.^{xiii} The following are immediate steps the state can take to begin to address capacity challenges:

- **Allow for pandemic aid to pay for recruiting bonuses to onboard licensed mental health practitioners.**
- **Build capacity through training and credentialing staff:**
 - Align the scope of practice in NYS for licensed mental health practitioners to ensure continued access to diagnostic services for youth (A.4383A of 2020).
 - Add stipends for youth and family advocates during credentialing to enhance the participation of individuals with lived experiences, including youth and peer advocates of color.
 - Provide hiring bonuses for bilingual providers.

Develop a coordinated, multi-agency strategy to achieve universal access to behavioral health services for children and families.

Children and families suffer not only from a lack of services, but also from a lack of coordination among agencies serving them. Especially for children and families with complex needs, navigating the complicated array of state agencies and services can be overwhelming, demoralizing, and ultimately result in families delaying or losing services. The effects of this are disproportionately felt by poor families, families of color, and others who have historically been excluded and marginalized by healthcare systems. Too frequently, our child-serving systems operate in siloes without developing coordinated approaches that serve the whole child and the whole family.

In 2008, the heads of New York’s nine child-serving state agencies, the Legislature, and the Governor developed *The Children’s Plan: Improving the Social and Emotional Well Being of New York’s Children and Their Families*. Updated in 2010, this plan was intended as a blueprint to help ensure that services and supports for children, youth and families were collaboratively planned, managed, and delivered with family and youth involvement and engagement.

Though aspects of this plan continue today, New York State is far from achieving the goal of early intervention, collaboration with parents, reduced suffering, and improved outcomes for all New York children, especially those most marginalized. A new commitment from the state is needed to develop a coordinated, comprehensive strategy to reach children across the continuums of age, level of need, and appropriate setting for services. At a minimum, this commitment must include the development and publication of a strategic plan and the formalized and ongoing engagement of parents, young people, advocates, and leaders among all child-serving organizations in New York State. Without a true guarantee of coordinated care, children will continue to grow sicker, parents and guardians will face increasing desperation in the face of an overwhelming healthcare system, and New York’s adult systems will increasingly provide complex care to adults who were denied essential supports when they were younger.

Conclusion

The COVID-19 pandemic has laid bare and exacerbated existing inequities that touch every facet of child, family, and community life, including income and employment, housing, health and behavioral health care, the digital divide, and early education and education. Yet, the Executive Budget for Fiscal Year 2022 does little to address these issues. There is no mistake that federal aid must be aggressively advocated for and state tax policy and revenue options must be boldly pursued. As a state, we must also commit to protecting essential behavioral health supports, making targeted investments to help children and families recover, enhancing the ability of families to access care, and ultimately creating a system that ensures that every child receives the behavioral health services they need.

ⁱ New York State Department of Health. “Leading Causes of Death, New York State, 2008-2016.”

https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

ⁱⁱ National Vital Statistics Report. “State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States, 2000-2018.” September 11, 2020. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-11-508.pdf>

ⁱⁱⁱ Brundage, Suzanne and Kristina Ramos-Callan. *COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State*. United Hospital Fund. September 2020.

^{iv} CCC’s analysis of the U.S. Census Bureau’s Household Pulse Survey collected from April to July 2020.

^v Czeisler, Mark et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020.” CDC Morbidity and Mortality Weekly Report. August 14, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

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

^{vii} Leeb, Rebecca et al. *Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic – United States, January 1-October 17, 2020*. Centers for Disease Control and Prevention. November 13, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

^{viii} Kramer, Abigail. "In COVID-era New York, Suicidal Kids Spend Days Waiting for Hospital Beds." The New Scholl Center for NYC Affairs. January 2021. <http://www.centrernyc.org/reports-briefs/2021/1/25/in-covid-era-new-york-suicidal-kids-spend-days-waiting-for-hospital-beds>

^{ix} Brundage, Suzanne and Kristina Ramos-Callan. *COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State*. United Hospital Fund. September 2020.

^x NYU McSilver Institute. "Study: Self-Reported Suicide Attempts Rising in Black Teens as Other Groups Decline." October 14, 2019.

^{xi} Kessler, Carson. "Black Mental Health Specialists Weathering Waves of Trauma in Community." *The City*. July 16, 2020. <https://www.thecity.nyc/2020/7/16/21327408/black-mental-health-specialists-weathering-waves-of-trauma>

^{xii} Data analyzed by the New York State Coalition for Children's Behavioral Health.

^{xiii} McBain, Ryan et al. "Growth and Distribution of Child Psychiatrists in the United States: 2007-2016." *Pediatrics*. November 2019.