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Citizens' Committee for Children of New York is a 76-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.

CCC also helps lead the Healthy Minds, Healthy Kids Campaign, a statewide coalition of behavioral health providers, advocates, and New York families, joining together to create the public and political will necessary to ensure that all children and adolescents in New York receive the high-quality behavioral health services they need.

Thank you Chairs Weinstein and Krueger, as well as Chair Brouk, Chair Gunther, Chair Mannion, Chair Seawright, and all the members of the Assembly Ways and Means, Senate Finance, Assembly and Senate Mental Health, Assembly and Senate Disabilities Committees for holding today's Joint Hearing today and allowing us the opportunity to respond to Governor Hochul's Executive Budget.

New York State is facing a children's behavioral health crisis. The percentage of children who have anxiety or depression in New York grew from 8.9% in 2016 to 10.9% in 2020, a 22.5% increase.[i] Death by suicide is the second leading cause of death for youth age 15-19 in our state.[ii] This crisis was further exacerbated by the many economic and social harms heightened by the COVID-19 pandemic. Nationally, emergency department visits for suicide attempts during the pandemic were 51% greater than pre-pandemic for adolescent girls and 3.7% greater for boys.[iii] Half of New York youth with major depressive episodes in the past year did not receive treatment.[iv]

The crisis facing New York's youth and families is driven by decades of chronic disinvestment in the children's behavioral health system. As important as investments in the FY23 Budget and proposed investments in this year's budget are, we must underscore the reality facing tens of thousands of families every day in our state: finding timely mental health supports for children and adolescents is overwhelming, isolating, exhausting, and often impossible.

We are eager to build on the Governor's proposals to address mental health in the state and collaborate with champions for children's behavioral health within state leadership. Please see below CCC's recommendations for how New York can ensure we have a sustainable system that can support the behavioral health of all children in our state.

1. **Commit half of the Executive Budget's proposed $1 billion for behavioral health to services for children and families.**

CCC was deeply encouraged to see Governor Hochul's commitment of $1 billion for mental health in the Executive Budget. This commitment speaks to the growing recognition among state leaders of

the urgent need to address the mental health crisis, and creates hope for a truly transformative future for the behavioral health system.

In particular, we strongly support the following funding that is specifically targeted towards children and adolescents:

- $10 million for school-based mental health clinics
- $5 million for high-fidelity wraparound services for children
- $12 million for HealthySteps and HCBI
- $10 million for youth suicide prevention
- $3.5 million for Certified Community Behavioral Health Clinics (CCBHCs) (serves adult and youth populations)

Despite the promise of these investments, however, we must underscore the crisis at hand: decades of chronic disinvestment in the children's behavioral health system has created an untenable landscape for families, forcing children onto months-long waitlists and into emergency rooms and hospitals because they were unable to access timely care. And the primary driver of long waitlists and access barriers – provider shortages – remains largely unaddressed in the Executive Budget proposal.

As currently delineated, it is unclear how much of the $1 billion in capital funding will be dedicated to children's services. However, it is our experience that unless funding is explicitly itemized for children's services, the vast majority will be reserved for adult populations. In fact, historically, children have received only a fraction of behavioral health funding in the state. For instance, despite comprising 40% of the Medicaid population, only approximately 10% of Medicaid expenses are for children. 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. Only by investing in supports for the youngest New Yorkers can our state break the cycle of behavioral health crisis that turns struggling children into adults without recourse for care or adequate support.

Unless our state invests significantly more funding upstream for children and families, we will continue to see the same cycle repeat itself, with children's unmet needs becoming more complex, acute, and difficult to treat as children become adults. **We therefore urge the Governor and the Legislature to ensure that half of the proposed $1 billion in behavioral health funding is dedicated to services for children and families.**

2. **Address the crisis of behavioral health waitlists and the severe shortage of providers.**

As important as proposed capital investments are for the behavioral health system, they do not address the fundamental barrier putting families on waitlists and preventing children from accessing care: our state does not have the workforce necessary to meet the behavioral health needs of children and families. Until our state addresses this fundamental crisis, we will never be able to meet the unmet need in the state.

In New York, there are only 28 child psychiatrists per 100,000 children in the state. In many counties, there are none.[v] Access to other behavioral health provider types is in equally short supply. Frighteningly, families throughout the state are facing waitlists in the hundreds or more, forced to wait months for services they desperately need today. For instance, one provider in Western New York has a seven-month wait for outpatient clinic services, while another capital region provider of

community-based services has twice as many children waiting for services as they have capacity to serve. Families from across the state are reporting similar stories of impossibly long waitlists and the inability to access care.

New York must take the following steps to address the workforce shortage and waitlists crisis:

- **Support an 8.5% COLA for human service workers.** While the Governor's proposal of 2.5% COLA is a step in the right direction, it falls far short of what is needed to support an adequate workforce.
- **Dramatically increase reimbursement rates for clinical services.** Decades of inadequate rates are at the root of workforce shortages and the tenuous fiscal viability of service providers.
- **Invest in workforce supports and retention initiatives** including loan forgiveness, scholarship programs, and tuition remission for individuals pursuing a career in children's behavioral health, with particular enhancements for bilingual students, BIPOC students, and other underrepresented and highly valued practitioners.

3. **Address the discriminatory practices of commercial insurers by building on Executive Budget proposals around parity and network adequacy.**

We were pleased to see proposals in the Executive Budget to address issues around mental health parity and develop more effective network adequacy standards, and we strongly support these efforts. Commercial insurers continue to operate with impunity, maintaining deeply inadequate rates that result in a deeply inadequate provider network, ultimately contributing to the number of children sent to emergency rooms, hospitals, or worse because their families cannot find or cannot afford providers who take their insurance. Commercial insurers often have huge premiums and copays, forcing families to choose between therapy or paying for basic household needs. Because commercial insurance is so expensive, providers often try to help families qualify for Medicaid. This means that commercial insurance is being subsidized on the back of Medicaid – the state ends up paying for services that should have been paid for by the plans.

Given this, we feel the Governor and Legislature should take the following additional actions to address the discriminatory practices of commercial insurers:

- **Significantly enhance funding for surveillance, monitoring, and enforcement of parity violations and network adequacy.** As the current practices of insurers has shown, without enforcement, plans will continue to violate the law and rights of patients.
- **Require commercial insurers to pay Medicaid APG rates in all settings.** The current language proposed in the Executive Budget grants significant flexibility to the plans, and does not address the most direct and necessary step the state must take: require the plans to pay adequate rates.

4. **Expand supports for youth and family peer advocates.**

Youth and family peers play a vital role in supporting families, bringing expertise rooted in their own experience with behavioral health issues or parenting children or youth with social, emotional, behavioral, or substance use challenges. Peer advocates remain a deeply underfunded resource in our State. Flexible funding would allow advocates to meet people where they are outside of booked appointments, during non-regular office hours, and in homes and communities. Traditional billing and documentation procedures required by public and private insurance can create barriers to accessing critical support and inhibit authentic and meaningful engagement. **Therefore, we join**

partners throughout the state in urging the Governor and Legislature to expand Family Peer Advocacy by $5.5 million to include youth peer, skill building, respite and care coordination for families without Medicaid.

5. **Strengthen the ability of social workers to provide behavioral health services in primary care settings.**

An extensive body of research makes clear the link between parental mental health – particularly depression – and child wellbeing. According to the NYS Office of Mental Health, 15-20% of all women experience some form of pregnancy-related depression or anxiety. Programs that provide inter-generational mental health supports to both caregivers and children can change the mental health trajectory of entire families. In particular, social workers play a critical role in the continuum of care (promotion, prevention, early intervention, and treatment) for parents and their children. However, these providers are currently unable to bill for some of the most effective services in some clinical settings.

By taking the following steps, the State can better integrate mental health into non-stigmatized primary care settings:

- **Support the language proposed in the NYS FY 2024 Executive Budget** to allow licensed mental health providers (including social workers) to receive reimbursement for services provided to all Medicaid enrollees – regardless of age or pregnancy status – in all clinical settings including community health centers and Article 28 settings.
- **Ensure these services are reimbursed in parity with Ambulatory Patient Group (APG) payment rates.**
- **Allow licensed mental health providers to receive reimbursement for all services they can bill for within Article 31 settings, such as diagnostic evaluations and crisis interventions, in all clinical settings.**

6. **Enhance behavioral health supports for students.**

Schools remain one of the essential sources of behavioral health services for young people. Too often, schools lack the adequate resources or training to support the behavioral health needs of their students, and respond to mental health crises by engaging in harmful and punitive practices including suspensions, expulsions, or involvement of emergency medical services and the police. New York must invest significantly more in a continuum of mental and emotional supports for students throughout the state, ranging from universal and preventive interventions, to clinical care for students with more acute needs.

CCC supports the Executive Budget proposal to provide an additional $10 million for school-based mental health clinics. School-based mental health clinics play a critical role in providing on-site clinical supports to students. However, we also believe the state can take additional steps to strengthen the efficacy of existing Article 31 School-Based Mental Health Clinics. Currently, SBMHCs bill Medicaid and insurance directly for services provided to students. However, Medicaid will not reimburse for the full array of services schools need, including collaboration with school personnel, services for uninsured children, services for children without a diagnosis, and training and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the State 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. **New York State can address this challenge by providing additional wraparound funding to support existing SBMHCs so they can be more comprehensive, inclusive, and effective.**

CCC also supports the intent behind the Executive Budget proposal to require commercial insurers to reimburse covered services in SBMHCs at a negotiated rate, or an amount no less than the Medicaid rate. However, we are concerned that the ability to negotiate a rate will result in commercial insurers continuing to negotiate rates that are far below the cost of service, resulting in ongoing challenges operating Article 31 clinics and meeting the needs of students. **Instead, we urge the Governor and Legislature to negotiate a budget that requires that commercial insurers pay the Ambulatory Patient Group (APG) rate, both in and out of school settings.**

Finally, we feel the State must do more to support the needs of students at all levels, including by providing a full continuum of mental health supports in schools able to address the social-emotional needs of all students, as well as the clinical needs of students with more acute challenges. Critical approaches include:

- **Passing the Solutions Not Suspensions Act to improve school climate and limit the number of days a student can be suspended to a maximum of 20 days.** Each year, New York students lose hundreds of thousands of days of learning due to suspensions, which are shown to lead to negative academic outcomes and higher rates of dropout.[5] CCC is a strong supporter of the Solutions Not Suspensions bill, which would limit the use of suspensions in grades K-3, shorten the maximum length of suspensions from 180 days to 20 days, and require codes of conduct to implement restorative justice practices. We strongly urge State leaders to pass Solutions Not Suspensions into law this legislative session.
- **Significantly expanding the availability of restorative practices, crisis intervention training, family peer advocates, and programs that positively engage students who are struggling.**
- **Ensuring that all educators receive trauma-informed mental health training.**
- **Providing oversight of the state's spending on mental health in schools.** Communities and educators must have access to information on how school funding – including recent funding from the Recover from COVID Schools Program (RECOVS) Learning and Mental Health Grants and other federal funding – is being spent to support students with the greatest need.

Thank you for your consideration and for your support for children and families in the state.

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[i] Annie E. Casey. 2022 Kids Coutn Data Book: State Trends in Child Well-Being. August 2022. https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf

[ii] New York State Department of Health. "Leading Causes of Death, New York State, 2008-2019." https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

[iii] Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. CDC. June 18, 2021. https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm

[iv] Source: America's School Mental Health Cards https://hopefulfutures.us/wp-content/uploads/2022/02/Final_Master_021522.pdf

Mental Health America: https://mhanational.org/issues/state-mental-health-america

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

[v] https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf (page 8, table 4)