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Citizens' Committee for Children of New York**

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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.

We would like to thank Chair Rivera and Chair Paulin, as well as all the members of the Assembly Ways and Means, Senate Finance, and Senate and Assembly Health Committees for holding today's Joint Hearing and allowing us the opportunity to respond to Governor Hochul's Executive Budget. Please find below CCC's recommendations for the critical investments needed in the FY24 State Budget to ensure healthy outcomes for children across the state.

Increase Access to Timely Early Intervention Services

The Early Intervention (EI) program provides services to children under three years of age with developmental delays or disabilities, helping children grow, learn, play, talk and walk like other children their age. Even the slightest delay in service receipt can have significant effects on a child's developmental trajectory.

In recent years, children and families across the state have been experiencing considerable delays in receiving EI services. Children are legally required to receive their EI services within 30 days after their Initial Family Services Plan (IFSP) meeting. However, since 2017, there has been a 27% decline in children receiving timely services. In fact, in 2018, one out of every four children found eligible for EI services in New York State had to wait for EI services, losing valuable opportunities to address their developmental delays.¹ Children of color are disproportionately impacted by the long waits for services. In New York City, as of FY22, less than half of Black and Latinx children are receiving all of their services within 30 days (42% and 48% respectively).² This is compared to 60% of their White peers. Children of color are also falling

¹ "Early Inequities, How Underfunding Early Intervention Leaves Low-Income Children of Color Behind." *Citizens' Committee for Children of New York and Advocates for Children*. December 2019.

² "Young Children Must Receive Early Intervention Services on Time (February 2023)." Citizens' Committee for Children of New York. Retrieved from: <https://s3.amazonaws.com/media.cccnewyork.org/2023/02/CCC-Early-Intervention-Factsheet-2.21.23.pdf>

out of the system at the point of referral. 19% of Black and 16% of Latinx children who are referred to EI are not evaluated.³

These issues are affecting children and families throughout the state. For example, Franklin County has no EI providers. In Monroe County, it's not uncommon to have 200-300 children waiting beyond the 30 days for services, and at least one parent has reported waiting almost a year for speech therapy for her two year old son.

Provider shortages within the EI system are a primary contributor to delays in service delivery. Low reimbursement rates (which have not been increased in over 20 years) have caused providers to leave the EI system, resulting in families being put on waitlists to receive services. The lack of in-person services is a particular driver of long wait times for families. During the height of the COVID-19 pandemic, telehealth allowed children to continue getting EI services, helping prevent gaps and delays. However, despite in-person services being back online, telehealth has become the default option for providing EI services.

On average, 20% of EI services at the state level are being delayed because no in-person provider is available. These longer wait times are disproportionately impacting children in low-income communities of color who may only be able to access timely services if they opt for telehealth.

For many young children, services provided through a screen cannot meet their developmental needs, particularly for those who need services like physical or occupational therapy. Those families who want and need in-person services are finding themselves on waitlists for weeks or months, during a period of brain development where every day of delay is a lost opportunity to alter a child's developmental trajectory.

CCC, along with our partners in the Kids Can't Wait Coalition, urges New York State to make the following investments in Early Intervention to address the severe provider shortages and delays in service receipt:

- **Increase** Early Intervention reimbursement rates by 11% across the board to ensure providers are there when children need them
- **Institute** higher rates or rate add-ons to cover the higher costs of in-person service delivery to ensure all children who need in-person services have access to them
- **Ensure** the \$28 million in new revenue from Covered Lives is used to increase EI reimbursement rates

³ “Young Children Must Receive Early Intervention Services on Time (February 2023).” Citizens’ Committee for Children of New York. Retrieved from: <https://s3.amazonaws.com/media.cccnewyork.org/2023/02/CCC-Early-Intervention-Factsheet-2.21.23.pdf>

Expand Eligibility for Public Programs and Improve Health Coverage for Young Children

CCC applauds the Governor for expanding Essential Plan eligibility from 200% to 250% of the federal poverty level, and for seeking federal approval to enable pregnant individuals to remain on the Essential Plan when they become pregnant and during the 12-month postpartum period. We also appreciate the Governor's plans to expand options to make healthcare coverage more affordable, accessible, and promote health equity within the Essential Plan.

However, our state cannot achieve true health equity if it continues to exclude immigrants without documentation from the Essential Plan. **CCC therefore supports Coverage4All legislation (S.2237 Rivera/A.3020 Gonzalez-Rojas), which would provide authorization to include all immigrants with low income between the ages of 19 and 64 in the state's application to CMS to expand the Essential Plan.**

Additionally, CCC urges the State to allow young children to remain enrolled in Medicaid and Child Health Plus until age 6. Too many young children in New York lose their Medicaid coverage, despite remaining eligible, as a result of challenges reaching caregivers, enrollment errors, or during the administrative transition from Medicaid to CHP due to family income changes. By maintaining continuous Medicaid coverage until age 6, the State can prevent children from losing coverage for health, mental health, vaccination, and other critical services, as well as remove from parents the burden of reenrolling their child. During the COVID-19 state of emergency, children were able to maintain their coverage, demonstrating the efficacy and value of policies that allow continuous coverage. New York can improve health outcomes for children by requesting approval from CMS to allow the state to implement continuous Medicaid coverage for young children.

Implement Universal School Meals

1 in 7 kids in New York experience hunger, disproportionately affecting Black and Latinx children.⁴ Children experiencing hunger struggle to focus in school, have lower attendance, and are at greater risk of mental and physical health problems that can impede academic achievement.

During the pandemic, the federal government provided free school meals to all students in public schools. This was a welcome relief for families struggling with food insecurity due to job and income loss and the rising prices in groceries driven by inflation. However, the expiration of federal funding for free school meals has hurt students and families across New York, resulting in more than 726,000 students and nearly 2,000 schools losing access to free school meals.⁵

⁴Healthy School Meals for All: https://schoolmealsforallny.org/wp-content/uploads/2023/01/HMFSA-policy-proposal-1_5_23.pdf

⁵Health School Meals for All: https://schoolmealsforallny.org/wp-content/uploads/2023/01/HMFSA-policy-proposal-1_5_23.pdf

CCC and our statewide partners urge the Governor, Senate, and Assembly to establish and fund universal school meals in the FY24 State Budget.

Universal school meals provide a way for all school children in New York to have access to breakfast and lunch at no cost to the student and their families. This program will eliminate the stigma attached to eligibility for free or reduced meals, and will eliminate the burden for families who have school debt they are unable to pay. Families would no longer have to navigate the school meal application process nor encounter barriers such as language access. Families would also be provided financial relief, at a cost savings of \$140 per child in grocery spending each month.⁶

Including universal school meals in this year's budget would level the playing field for all students (regardless of income) and would ensure all students have a nourishing meal. Most children receive their healthiest meals in school, consuming more milk, fruit, vegetables and fiber. Providing free breakfast and lunch to all New York State children (regardless of income) also reduces racial disparities in nutrition, health, education and achievement. Funding universal school meals enhances students' abilities to focus better, have higher academic achievements, and improvement in behavioral and physical health. Lastly, for every dollar invested in providing healthy meals for all students, New York gets at least two dollars back in health, economic, equity, and environmental benefits.⁷

CCC therefore strongly urges state leaders to include universal school meals in the FY24 Enacted Budget. We also strongly support proposals in the Executive Budget that would allocate \$758,000 for farm to school initiatives to expand healthy local food for school children, as well as \$3 million for summer food program for the 2023-24 school year.

Enhance Behavioral Health Supports for Children and Families

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.⁸ Death by suicide is the second leading cause of death for youth age 15-19 in our state.⁹ 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

⁶ Healthy School Meals for All: https://schoolmealsforallny.org/wp-content/uploads/2023/01/HMFSA-policy-proposal-1_5_23.pdf

⁷ Healthy School Meals for All: https://schoolmealsforallny.org/wp-content/uploads/2023/01/HMFSA-policy-proposal-1_5_23.pdf

⁸ Annie E. Casey. 2022 Kids Count Data Book: State Trends in Child Well-Being. August 2022. <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>

⁹ 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

51% greater than pre-pandemic for adolescent girls and 3.7% greater for boys.¹⁰ Half of New York youth with major depressive episodes in the past year did not receive treatment.¹¹

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.

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
- \$15 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

¹⁰ 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>

¹¹ America’s School Mental Health Cards. Hopeful Futures Campaign. February 2022. https://hopefulfutures.us/wp-content/uploads/2022/02/Final_Master_021522.pdf; “The State of Mental Health in America.” Mental Health America. 2022. <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>

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.¹² 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 behavioral health services.** Decades of inadequate rates are at the root of workforce shortages and the tenuous fiscal viability of service providers.
- **Expand Family Peer Advocacy by \$5.5 million to include youth peer, skill building, respite and care coordination for families without Medicaid.**
- **Invest in recruitment and retention strategies, including \$20 million to expand the Psychiatrist/Psychiatric Nurse Practitioner Loan Forgiveness program to more practitioners,** as well as additional funding for tuition remission, scholarship programs, and employee assistance grants

¹² "Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce." University of Michigan School of Public Health Behavioral Health Workforce Research Center. December 2018. https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf (page 8, table 4)

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:

- **Require commercial insurers to pay Medicaid APG rates for in-network and out-of-network behavioral health services**
- **Increase funding for accountability and enforcement of parity, network adequacy, and contract violations - including managed care plans' failure to pay last year's COLA**

4. 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.

CCC therefore strongly supports language proposed in the NYS FY24 Executive Budget that would 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. We also support language in the Executive Budget that would allow these services to be reimbursed in parity with Medicaid APG rates, and that would 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.

5. 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.

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:

- **Pass the Solutions Not Suspensions Act (S1040) and the Keeping New York Students Safe Act (A03311)**
- **Increase the availability of restorative practices, crisis intervention training, family and youth peer advocates, and programs that positively engage students who are struggling.**
- **Provide funding to ensure that all educators receive trauma-informed mental health training, and incorporate mental health first aid and restorative practice as part of the teacher training and certification process.**
- **Provide oversight of the state's spending on mental health in schools**
- **Enact legislation and engage governmental agencies to ensure commercial plans pay the Medicaid APG rate**

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