



**Testimony of Alice Bufkin
Director of Policy for Child and Adolescent Health
Citizens' Committee for Children of New York**

**Provided to the New York State FY 2022 Joint Legislative Budget Hearing on Health
February 25th, 2021**

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 health 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 health and 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.

A. Oppose cuts and cost shifts that are detrimental to public health and negatively impact recovery.

New York City has been and remains the epicenter of the COVID-19 pandemic in the state, and protecting the city's public health infrastructure has never been more important. As many as three-quarters of the approximately 38,000 COVID deaths in the state have occurred in New York City.¹ More than 4,200 children have lost a parent or guardian to the virus, and 57% of those deaths were in three New York counties: Bronx, Brooklyn, and Queens. Black and

Hispanic children are experiencing parental/caregiver deaths at twice the rate of Asian and white children.ⁱⁱ

New York City's ability to keep down COVID-19 infection rates and deaths – as well as meet the complex health needs exacerbated by the pandemic – is dependent on the city having the resources necessary to support communities that have been decimated by this crisis. Yet despite these ongoing challenges, **the Executive Budget proposes over a billion dollars in cuts and costs shifts to NYC, including in the areas of public health.**

CCC strongly opposes the more than \$334 million in cuts to the state's support of the Health and Hospitals system in FY22, including approximately \$60 million reduction to the Federal Public Indigent Care Pool. Safety net hospitals have been an indispensable partner in supporting those impacted by COVID-19, as well as continuing to meet the larger health needs of low-income and uninsured populations. Undercutting the city's ability to meet these needs in the middle of a public health crisis is deeply short-sighted and will only lead to more illness and loss.

Additionally, CCC strongly opposes the Governor's Executive Budget proposal to cut State reimbursement for New York City's Article VI General Public Health Works program by 10%, on top of a 20% cut that was implemented in the previous two years. The Article VI General Public Health Works program supports a broad range of services that are heavily accessed and relied on in communities that have been disproportionately impacted by the pandemic - including communities of color, Indigenous New Yorkers, and immigrant households, as well as people with disabilities and those experiencing chronic illness impacting their physical and mental well-being.

Cuts to Article VI impact programs providing immunizations; tuberculosis outreach, education and testing; and sexual reproductive health. They also impact community-based preventive services addressing maternal and child and maternal health; mental health; substance addictions; chronic diseases like diabetes, asthma, cardiovascular diseases, and many more.

Many essential health programs are facing cuts from multiple sources in the budget, challenging their ability to continue providing services. One of the programs most at risk is the Nurse Family Partnership (NFP) program, which is facing a 20% reduction, or \$1.4 million statewide. In New York City, the NFP program is impacted not only by this direct cut, but also by the cut to Local Assistance, the cut to Article VI funding, and reductions to Community Optional Preventive Services (COPS) funding. CCC urges the state to restore funding for Nurse Family Partnership to ensure this program can continue providing vital, evidence-based nurse home visiting services to first-time parents.

This should be a time to address long-standing and systemic inequities in access to healthcare services. We urge state leaders to oppose cuts to public health services and support those communities who have experienced the greatest hardship during this pandemic.

B. Address the child and adolescent behavioral health crisis.

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.ⁱⁱⁱ Between 2007 and 2018, New York has seen a 44% increase in the suicide rate of young people age 10 to 24.^{iv}

COVID-19 has only intensified these challenges as children have faced nearly a year of anxiety, isolation, loss of loved ones, disconnection from school, and economic insecurity. The pandemic has led to declines^v in critical mental health screenings and access to services, even as rates of anxiety, depression, substance use, and suicidal ideation have risen.^{vi} Children are facing unprecedented emotional distress, yet are unable to access adequate primary and preventive services, resulting in stark increases^{vii} of psychiatric distress, hospitalizations, and families waitlisted for services.^{viii} This has created a perfect storm that is impacting all children, and disproportionately impacting low-income communities and families of color.

We urge New York to take the following actions in the budget to meet the behavioral health needs of New York’s children:

- **Maintain a moratorium on cuts to children’s behavioral health.**

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.

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

Currently, the Child Health Plus program offers a narrower array of behavioral health services for children than the Medicaid program does. Among those services provided in Medicaid but not CHP are Child and Family Treatment and Support Services (CFTSS), 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.

A.303A (Gottfried) / S.2539A (Rivera) would require the CHP to cover all Early Periodic Screening Detection and Treatment (EPSDT) services. This bill 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.**

As new funding becomes available to strengthen the behavioral healthcare system, New York must enhance upstream, preventive services that support children and families and prevent the need for more intensive services as children grow older. At a minimum, New York 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.
 - Simplify licensure requirements for same-day outpatient behavioral health and primary care;
 - Allow therapy services provided by licensed social workers to new mothers to be billable for at least three years after birth; and
 - Increase state funding and maximize Medicaid reimbursement for integrated behavioral health programs for young children such as Healthy Steps.
- **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.
- **Bridge the Digital Divide and Support Telehealth Equity:**
 - Ensure universal access to technology and affordable, reliable internet service for all New Yorkers.
 - Ensure rate parity between telehealth and in-person services, including for telephonic services and for family and youth peers.
 - 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.
- **Support and build workforce capacity to address increased needs.**
 - 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.

C. Improve outcomes for young children with developmental delays and disabilities.

Decades of research have shown that children’s earliest experiences play a critical role in brain development. Intervening in the first few years of life can change a child’s developmental trajectory, leading to positive outcomes across health, language and communication, cognition, and social/emotional domains.^{ix} Early Intervention provides evaluations and services to children age birth to three with developmental delays or disabilities and disabilities, addressing the unique needs of each child in the home, in a child care setting, or in whatever setting is natural for the child.

Despite the critical role that Early Intervention plays in the lives of young children, New York State's Early Intervention payment rates are currently lower than they were in the mid-1990s. As a result of inadequate rates and administrative barriers, experienced, high-quality EI providers have shut their doors or stopped taking EI cases, making it difficult for children in certain areas to access much-needed high-quality services in a timely manner.

Statewide, the percentage of children receiving timely EI services fell from 74% in 2015 to 66% in 2019. Additionally, a 2020 report by CCC and Advocates for Children analyzed NYC data and found that deep disparities in access to EI evaluations and services based on borough and neighborhood demographics, and race.^x The neighborhoods where children are less likely to be evaluated and receive services are primarily low-income communities of color. Even in neighborhoods where higher rates of eligible children receive services, there are significant racial disparities, with Black children being less likely to receive services than White children.

The pandemic has disrupted service delivery and the programs have struggled even more. Existing disparities have widened, more children are waiting for services, and provider capacity has shrunk. In June 2020 the number of EI providers was down 15% compared to 2019 and it is very likely to have fallen more since then. The number of children enrolled in EI is at its lowest point since 2013, and the number of EI claims has dropped 29%.^{xi}

To move toward ensuring all young children with developmental delays or disabilities in New York can access the support and therapies guaranteed to them under federal law, the CCC joins our partners in the Kids Can’t Wait campaign in calling on the State to **explore all possible sources of revenue to increase the rates for Early Intervention providers and preschool special education programs by at least 10%.**

Additionally, we support the following proposals to strengthen the EI system:

- **Reject \$13.7 million in cuts to the Early Intervention program.** Instead of investing in EI and addressing these challenges, Governor Cuomo’s proposed budget would cut state

funding for the program by \$13.7 million by limiting the services children can receive regardless of their individualized needs and evaluation results. For example, children would no longer be able to receive back-to-back 60-minute service sessions—sessions that often help children with autism or other significant disabilities get the intensive intervention they need early in life. Such limits would deny many children the crucial individualized services they need at a time when thousands of children went without needed EI services due to the pandemic.

- **Passage of a Covered Lives assessment of \$40 million** to bring badly needed additional revenue into Early Intervention program and to ensure that commercial insurers pay their fair share of Early Intervention services. Commercial insurance plans are currently only paying around \$12.5 million of the roughly \$80 million claimed for EI services. This amounts to around 15 cents on the dollar. By comparison, Medicaid pays nearly 75 cents on the dollar for all claims submitted.

By imposing a fee on state-regulated commercial insurance plans for EI services, a Covered Lives assessment would add tens of millions of dollars of badly needed revenue into the EI system and ensure that commercial insurers pay their fair share for EI services.

- As a step towards an increase of 10% in Early Intervention reimbursement rates, the state should **conduct a comprehensive assessment of the methodology used to determine payment** for all early intervention evaluations, services and service coordination so that rates better reflect the costs of delivering services.
- **Passage of the health care workforce data bill (A7213, S8925)** to establish regular collection and release of health workforce data, including EI providers, to inform and approve health planning and access and emergency preparedness.
- **Respond proactively to pandemic-related gaps in services.** A recent report^{xii} documents the impact of COVID-19 on New York’s young children with developmental delays and disabilities. Children enrolled in EI fell by 12% statewide during the pandemic. For kids still enrolled, services delivered fell by 29%. NYS must act now to reverse these trends by taking the following steps:
 - Launch an outreach campaign and develop a comprehensive plan for developmental screenings to identify young children with developmental delays and disabilities and connect them to services.
 - Provide adequate technology and training to families and providers;
 - Engage in targeted outreach to families to identify and address barriers to participation, including issues related to telehealth access and equity; and
 - Provide make-up services to compensate for services missed during the pandemic and prepare for a potential surge in children needing EI and preschool special education evaluations and services.

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 health and 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 health services they need.

ⁱ Dobkin, Jake et al. "Coronavirus Statistics: Tracking the Epidemic in New York." *Gothamist*. February 23, 2021. <https://gothamist.com/news/coronavirus-statistics-tracking-epidemic-new-york>

ⁱⁱ 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.

ⁱⁱⁱ 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

^{iv} 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>

^v Centers for Medicare and Medicaid Services. "Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19." September 2020. <https://www.cms.gov/newsroom/press-releases/cms-issues-urgent-call-action-following-drastic-decline-care-children-medicare-and-childrens-health>

^{vi} Czeisler, Mark et al. "Mental health, substance use, and suicidal ideation during the COVID-19 pandemic – United States, June 24-30, 2020." Centers for Disease Control and Prevention. August 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

^{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 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 School Center for New York City Affairs. January 2021. <http://www.centernyc.org/reports-briefs/2021/1/25/in-covid-era-new-york-suicidal-kids-spend-days-waiting-for-hospital-beds>

^{ix} "The Importance of Early Intervention for Infants and Toddlers with Disabilities and Their Families." The National Early Childhood Technical Assistance Center. July 2011. <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

^x Advocates for Children and Citizens' Committee for Children. "Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind." December 2020. https://www.advocatesforchildren.org/sites/default/files/library/early_inequities.pdf?pt=1

^{xi} Advocates for Children. "Delayed Interventions: Early indicators of the pandemic's impact on infants and toddlers." January 2021. https://www.advocatesforchildren.org/sites/default/files/library/delayed_interventions_data_brief_1.2021.pdf?pt=1

^{xii} Advocates for Children. "Delayed Interventions: Early indicators of the pandemic's impact on infants and toddlers." January 2021. https://www.advocatesforchildren.org/sites/default/files/library/delayed_interventions_data_brief_1.2021.pdf?pt=1