

## **Crisis Upon Crisis: A Pandemic of Childhood Trauma, Mental Health and Addiction Collides COVID-19 and Economic Recession.**

Evidence is clear that exposure to childhood traumas, known as Adverse Childhood Experiences (ACEs), can lead to poor health and socio-economic outcomes later in life. The prevalence of childhood trauma is greatest among children growing up in environments that lack the resources to meet their daily needs. In previous years, we've sounded alarms regarding this ongoing public health crisis as a driving factor of other crises such as increased rates of mental health and addiction challenges. The prevalence of childhood trauma is greatest among children growing up in environments that lack the resources to meet their daily needs.

It was simply beyond our imagination that this situation could become even more dire. Yet here we are facing an unprecedented historical moment of gross racial and social inequity, ongoing public health and economic crises, and brutal austerity.

Well before COVID-19, New York families struggled with alarming increases in mental health emergencies among young people. From 2009 to 2017, reported suicide attempts by students increased by over 30%, and for years has been the second-leading cause of death among youth aged 15 to 19 and the third-leading cause among kids aged 9 to 14.

Today, the crisis has only deepened. While the state weighs cutting services as much as 20% if no federal relief comes, the upward trajectory of behavioral health issues are at an all-time high.

- The CDC reports that over one third of New Yorker's experienced depression or anxiety from April- July 2020.
- Across the US, 13 % of individuals started or increased substance use, and 11 % stated they had considered suicide in the last 30 days.
- Drug deaths have risen an average of 13% this year compared to last year, according to mortality data from local and state governments collected by The New York Times.
- Most disturbing, more than 400,000 children have lost parents to COVID while 325,000 children have entered poverty, with Black and Hispanic children experiencing loss at twice the rate of Asian and white children.

Under these tremendous burdens, our families and children who have already endured the most hardship before and during this crisis should not suffer the additional damaging effects of losing services that are lifelines for their health, well-being and socio-economic security.

Anything short of bold investments in services that help families and children during this crisis is unconscionable, cutting these services is unforgivable. To the furthest extent possible, we must fund community-based primary prevention approaches that promote the development of resiliency, encourage economic security, address social determinants, and facilitate social connectedness and general health and emotional wellness among young

children and their families.

### **Implementing a Family First Agenda in New York**

**Behavioral Health.** Our children's behavioral health care system capacity continues to shrink while demand for care is high and rising.

- Fewer than 20% of the 4,433 public school buildings have a satellite school based mental clinic and 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;*
- *Nearly 6,800 children are enrolled in the newly consolidated children's Home and Community Based Waiver program, when nearly 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;*
- *Nearly 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 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.*

We understand that the state faces difficult challenges, however, there *are* funds imminently making their way to the state from the federal government's COVID relief package (via the Substance Abuse and Mental Health Block Grants) passed in December *and* through the federal opioid settlement. As such, we are proposing an aggressive investment recommendation for non-Medicaid services to children and families. In addition, we are expecting potential tax revenue will be generated on the legalization of adult use cannabis or sports betting activities. We differentiate between the one-time COVID response expenditures and ongoing investments into effective, efficient children's behavioral health services. This will ensure that children who are not eligible for Medicaid have access to necessary support and treatment.

As children and family advocates, we ask the Legislature to ensure that a fair share of one-time increases in federal COVID funds or other revenues are available for children and family services and supports. While the Medicaid roles are 39% children, only 10% of Medicaid revenue goes to children's services and right now less than 20% of federal Block Grant funds go toward children's services.

Our recommendations:

- **Establish a COVID and Opioid Child Victim Care Coordination/Family Care Coordination Program** using one time COVID funding from recent federal increases to the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grants (as much as \$5 billion nationwide) and a portion of the anticipated Opioid settlement funds.
- **Develop Evidence Based Practices capacity for OMH, OASAS and OCFS children and family treatment and support service providers** by allocating a portion of

the anticipated revenue derived through adult use legalization and expanded federal opioid response funding.

- **Offer flexible funding for comprehensive Youth and Family Peer Advocates Engagement strategies. FPA's and YPA's can engage participants in the system of care** services that are available to them. Comprehensive engagement strategies involve time and activities not always billable under Medicaid. That is why we support modest state investment into the following aspects of integrated system of care services:
  - Family and youth peer non-billable time and activities,
  - Youth and Young Adult Clubhouses
  - Flex Funds
  - Promotion of the Council of Children and Families Parent Portal and training grants for family and youth peers to train participants to use the portal

***Child Welfare and Foster Care.*** For children who have experienced abuse and neglect, one of the most important resources the state can provide for them is a safe and supportive environment to live, to heal, and to grow. That is why while we face down the crisis described above, we must boldly move forward with implementation of the Family First Prevention Services Act faithful to its original intent of putting resources upstream before families face crisis; yes, we must even go beyond it.

For New York to successfully implement Family First Prevention Services Act, we need a holistic approach. We have to expand our understanding of prevention to mean preventing child welfare involvement altogether before family separation becomes imminent. Communities need support. If traditional prevention services fail to keep youth out of foster care, we must ensure family-based care is the primary response, that we recruit and retain them enough to meet the need, and aspire to support kin and foster parents with the same resources as congregate care settings are provided and continue to reduce the role of congregate care. All of these upstream efforts will help us ensure youth age out of care with a family but if they don't, they have the support and time they need to transition out. Last but not least, all these reforms must be done through a lens of reducing the racial inequities inherent in this system.

New York must empower families to address their own needs to prevent child welfare involvement and children entering care. A comprehensive array of preventive services should work to keep families together.

Our recommendations:

- Implement a robust localized input process for families and young people who use preventive services.
- Ensure that children and families have the tools and technology they need to stay connected.
- Require LDSS to provide prevention services to families caring for children who have been

- diverted from foster care.
- Provide quality and timely legal representation for parents and children by claiming available Title IV-E funds.

New York must deliberately confront racial bias and inequity in every level of decision-making, especially removing children from their families. Should children enter foster care, family-based care through relatives and fictive kin should be prioritized until they can safely return to their families. Recruitment and retention should empower caregivers to programmatically and financially meet the needs of children in their care. The lion's share of child welfare resources exist under the umbrella of congregate care; those resources should follow a young person throughout the life of their case, from entry to step-down to exit.

Our recommendations:

- Support LDSS improving and increasing the training and recruitment of foster parents, and reducing barriers to certification:
  - Use data-driven recruitment and retainment strategies
  - Provide timely access to dedicated staff and peer support to foster parents
  - Support relationships between birth and foster families
  - Expedite licensing and training for kin to reduce barriers around training, certification, etc.
- Significantly reduce congregate care placements for children under 13 years of age.
- Provide timely access to physical and mental health services.
- Create a pilot project to reduce the number of children in residential care by transitioning youth from congregate care to families with essential supports.

***New York must effectively allocate resources to address racial inequity, strengthen families, and increase community resilience to smoothly transition into FFPSA implementation. The more entrenched children become in foster care, the more likely they are to “age out” of care without a family.***

Our recommendations:

- Maintain funding for preventive services.
- Restore funding for local kinship caregiver programs.
- Maintain State Family First Transition Fund and provide additional flexibility of disbursement of such funds to counties
- Issue a moratorium on “aging out” of foster care, including expedited reentry to care, for at least until 180 days after the pandemic state of emergency has been lifted.
- Enhance reimbursement for foster families during COVID-19.
- Move KinGAP to State Adoption Funding Line.
- Fund Foster Care Ombudsman.
- Support transitions from congregate care to family-based care.

**Youth Justice.** The Governor’s FY2022 budget includes a proposal to close four State-operated juvenile placement facilities and reduce New York’s investment in youth incarceration. Institutional settings can pose significant risk to young people’s well-being, and have been shown to neither reduce future contact with the system nor promote community safety. Moreover, juvenile placement facilities are the site for extreme racial disproportionality. During 2019, almost 75% of children admitted to Office of Children and Family Services (OCFS) custody were Black or Latinx, while they represent only 40% of New York’s children. Closing facilities is a crucial step for youth justice reform and racial equity in New York.

The savings associated with closing these four youth facilities – estimated at over \$21 million in operational and \$14 million in capital costs – should be reinvested in communities, including those that are driving use of state placements for children. Models for community reimbursement developed by advocates in our State’s mental health system provide a valuable template for how we can systematically redirect funds from expensive residential settings to community-based services and local resources for children and families whenever there is a facility closure. New York’s spending on residential placements in juvenile justice exceed \$800,000 annually per child. Imagine how those dollars could be better spent on youth who have contact with the criminal legal system. Community stakeholders including impacted youth and families, service providers, child welfare and mental health system administrators, attorneys, judges and probation, should drive local solutions supported with these funds.

Closing facilities is a crucial step for youth justice reform and racial equity in New York. But in the words of Poet Laureate, Amanda Gorman, “While we have our eyes on the future, history has its eyes on us.” We need to step into the space where there is action, not just discussion, about the community and family-based supports that will permanently address the systemic racism that results in so many young people becoming court-involved.

## Address the Children’s Behavioral Health Crisis

**GOAL: All children, youth and their families, regardless of insurance status, must have timely, affordable access to appropriate children’s behavioral health services within their community:**

- Invest a significant portion – up to 25% – of new federal funding for behavioral health services into programs serving children and families.
- Restore the 5% across the board cuts to behavioral health services.
- Place a moratorium on any cuts to children’s behavioral health services and preserve enhanced rates for CFTSS services.
- Reinvest state op closures into behavioral health community based organizations
- Ensure robust and adequate rates for children’s behavioral health services – in commercial insurance, Medicaid, and CHP.
- Amend telehealth reforms to ensure telehealth rate parity between audio, audio-video and in-person and include all peers.
- Provide a 3% increase on contracts and rates for the human services sector for 5 years.

- Hold health plans accountable and enforce mental health parity laws on behalf of children and youth.
- Maintain and expand program code 1650 state-aid funding for Family Peer Support and Youth Peer Support.
- Expand service capacity for community-based prevention, treatment and recovery and recovery-orientated addiction programming.
- Increase the number of school-based mental health clinics by 10% per year, triple the number of Community Schools, 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.

## Promote Safe and Supportive Schools

**GOAL:** End the school-to-prison pipeline and ensure that schools are safe and supportive environments for all students:

- Pass the Safe and Supportive Schools Act.
- Expand alternative discipline and restorative practice training in schools.
- Support the School Mental Health Resource Training Center.
- Develop multiple pathways to a high school diploma beyond high stakes testing.

## Put Families First in Child Welfare

**GOAL:** A “family first” system that recognizes the value of keeping families together when possible and ensures that, when necessary, children are placed with well-supported relatives or foster families.

- Create the Office of Family Representation to support access to timely and high quality parental legal representation statewide.
- Expand primary prevention and define eligibility for preventive services as broadly as possible.
- Increase the Family First Transition Fund to strengthen family-based foster care.
- Dedicate an open-ended funding stream to KinGAP similar to adoption subsidies.
- Establish an Ombudsman for birth parents, foster parents, kin, and children in care.
- Pass a Miranda Bill of Rights for parents under CPS investigation
- Significantly reduce congregate care placements of children under 13 years of age.

## Achieve Youth Justice

**GOAL:** A system restorative in nature that emphasizes developmentally appropriate approaches to holding young people accountable:

- End the Use of Solitary Confinement in Adolescent Offender Facilities.
- Stop the Criminalization of Childhood by Ending Prosecution of Children Under 12.
- Strengthen and Expand Protections for Court Involved Youth Up to Age 25.
- Restore and expand STSJP funding and reinvest funding from Juvenile Justice Facility closures,
- Pass the Humane Alternatives to Long-Term (HALT) Solitary Confinement Act.

Empowering Families. Coordinating Systems.

