Thank you for this opportunity to provide comments on New York State’s 1115 Medicaid Redesign Team (MRT) waiver and the state’s application for a four-year extension of the Delivery System Reform Incentive Payment (DSRIP) Program. 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 (CCC), a multi-issue children’s advocacy organization committed to ensuring every New York child is healthy, housed, educated, and safe. We are also a co-leader of the Children’s Behavioral Health Campaign, a statewide coalition of behavioral health providers, advocates, and New York families, joining together to guarantee the right of every child to receive the high-quality behavioral health services they need.

We appreciate the NYS Department of Health (DOH) recognizing in its DSRIP Waiver Amendment Request the importance of increasing investments in initiatives that strengthen children and families, including promising practices to reduce maternal mortality rates, efforts to address social determinants of health, and projects that target families with children at risk of significant and multiple adverse childhood experiences (ACES). DOH’s emphasis on ACES demonstrates the state’s recognition of the fundamental importance of investing in children’s health and social services to prevent the need for more intensive services when children become adults.

However, we must also acknowledge that the vast majority of health and mental health resources in this state have been spent on adult care and hospital-based services. DSRIP offers an opportunity to connect children and families to community-based services and to address social determinants of health, ultimately enabling children to achieve better health and mental health outcomes and allowing the state to see declines in costs associated with high hospital utilization. DSRIP can play a critical role in these efforts, and the state must not overlook this opportunity to invest in child health, and particularly children’s behavioral health. Investments in prevention and treatment for children and families are long overdue as families across the state struggle to find the care they need.

After years of under-investment in prevention and treatment services for children and families, New York must prioritize investment in and reform of the children’s behavioral health system. **The state’s DSRIP program must significantly increase the funds dedicated to improving children’s behavioral health - few areas are more important to the waiver’s stated goals of improving the quality of care, improving the health of populations, and reducing costs.**
There is a crisis in children’s behavioral health

Suicide is the second leading cause of death for New York children age 15-19, and the third leading cause of death for children age 5-15.\(^1\) 54.5% of children ages 3 through 17 with a mental/behavioral condition in New York don’t get the treatment they need, including 55% of young people with major depression.\(^2\)

The consequences of unmet mental health needs can be devastating. Children get sicker and parents are left desperate and hopeless, unable to find or afford the services they need. Parents miss work and children miss school, and the state sees the long-term costs borne out in special education, juvenile justice programs, preventable foster care placements, and homeless services. Under our under-resourced system, sick kids become sick adults, and the human and financial costs are felt by families, healthcare systems, and communities more broadly. **DSRIP offers one opportunity to reverse this pattern.**

**With $8 billion on the line for DSRIP, New York must earmark a significant portion of DSRIP funding specifically for children and families, including for behavioral health services.**

Among the stated purposes of DSRIP funding is the promotion of innovative projects that focus on system transformation, clinical improvement, and population health improvement. Missing from DSRIP has been a substantive investment in children – the bulk of DSRIP funding has instead gone to projects serving adult populations and benefiting hospitals. This is despite extensive evidence that investments in children’s health and behavioral health lead to long-term benefits for children and families, as well as cost savings across systems.

We know what types of children’s services and interventions are needed to reduce hospitalizations and unnecessary use of psychotropic medications, as well as what interventions are needed to help children and families thrive. These types of interventions help ensure children become healthy, stable adults and help reduce health and other related costs that compound when children’s behavioral health needs go unaddressed.

However, the children’s behavioral health system has been chronically under-resourced, preventing the system from meeting the needs of children, much less investing in innovative practices we know are effective and result in future savings. DSRIP can and should play a much greater role in investing in an array of community-based behavioral health priorities.

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**We know what works for New York’s children and families**

New York’s DSRIP amendment request states a commitment to children’s population and behavioral health, and CCC supports a number of the proposals put forth in the state’s amendment request. We see promise in the use of transitional care teams of clinicians and peers to bridge psychiatric inpatient to community settings, and the expansion of crisis stabilization programs. We also support the expanded use of telemedicine for care management of residential populations, while recognizing that telemedicine cannot by itself address the systemic shortage of children’s behavioral health providers statewide.

These are all important interventions for DSRIP to pursue. **However, DSRIP funding must go further and invest in a full continuum of services for children and families, from preventive and population-based services, to more intensive clinical services necessary for complex children and families.** We know what works for children and families – the state’s responsibility is to fund these programs robustly and bring them to scale so they can reach a greater number of children in need.

The following proposals for DSRIP funding are not exhaustive, but they must all be supported in order to begin to address chronic underinvestment in the children’s behavioral health system.

**Models of population health that integrate clinical care for parents and caregivers into primary care for children**

New York State’s DSRIP extension request includes repeated references to the importance of primary care and behavioral health integration, and we strongly support increased funding for such interventions. Luckily, New York has a substantial array of successful models to draw from, many of which were developed through the state’s First 1,000 Days on Medicaid Initiative. The Healthy Steps program is an evidence-based, interdisciplinary pediatric primary care program that integrates child and family development professionals as part of the primary care team during pediatric well-child visits. The Preventive Pediatric Care Clinical Advisory Group, one of the workgroups within the First 1,000 Days on Medicaid Initiative, has developed a comprehensive model of pediatric population health that integrates care for parents and other caregivers into primary care for children. These types of models provide established and promising practices that can help meet the complex health and behavioral health needs of New York’s children and families. **New York has the opportunity to move beyond pilots and instead make substantive investments in pediatric health and behavioral health integration.**

**Evidence-based programs**

New York is also home to an array of evidence-based programs that have proven effective in serving children and families with complex needs and leading to substantial long-term savings. Such programs include Youth Assertive Community Treatment (ACT) teams, Multisystemic Therapy (MST), Functional Family Therapy Behavioral Health (FFT), and many more. These and other

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evidence-based programs can play an essential role in addressing the impact of Adverse Childhood Experiences, addressing serious antisocial behaviors, and providing family-based therapeutic interventions for youth at risk of institutionalization. Through DSRIP, New York can make real investments in programs that have been proven to improve long-term outcomes for children and families.

Suicide prevention programs

The high rate of adolescent suicide in New York points to the urgent need to invest in mental health supports. Recent research has shown that suicide attempts among black teens, especially black girls, have risen at steep and alarming rates. This research indicates that the suicide attempt rate for black adolescents rose 73%, while the rate for white students fell 7.5% in the same period.⁴ New York must identify and fund initiatives designed to reduce adolescent suicide risks. A starting point should include a review of recommendations recently released by the New York State Suicide Prevention Task Force.

School-based clinical supports

The DSRIP amendment request includes a request for additional investments in a program focusing on prevention and early identification of behavioral health problems among students, using coaches to train teachers and staff and deliver crisis support and behavioral health referrals to students and families. These types of initiatives are important for early identification and intervention in schools, which remain a critical setting for providing mental health services to children and adolescents. However, school training must be coupled with clinical services in order to reach the full range of students’ behavioral health needs. For many years, school-based clinical services have struggled with financial viability, leaving many students without access to these crucial supports. DSRIP funding should fund increased school-based behavioral health services to address school-based shortages.

Fully-funded outpatient treatment services

The DSRIP amendment request also promotes the expansion of behavioral health urgent care centers for children to help bridge gaps in treatment and help coordinate care with schools, pediatricians, and other healthcare professionals. CCC supports additional funding for urgent care centers, but it is essential for NYS to recognize that a much more substantive investment is needed in outpatient care to meet the needs of children. Too often, families have nowhere to go when facing a crisis; DSRIP can help by investing in outpatient clinical care.

For too long, New York’s children and families have struggled to find the care they need. With $8 billion on the line, DSRIP funding is a critical vehicle for addressing these needs and laying a foundation to improve access to care and enhance innovation in prevention and treatment.

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