Thank you for this opportunity to provide comments on the impact of COVID-19 on individuals with either a mental illness or an intellectual or developmental disability. My name is Jennifer March, and I am the Executive Director of Citizens’ Committee for Children of New York (CCC), a multi-issue child advocacy organization committed to ensuring every New York child is healthy, housed, educated, and safe. We are also conveners of the Healthy Minds, Healthy Kids Campaign, a statewide coalition committed to ensuring that all children and adolescents in New York receive the high-quality behavioral health services they need.

I would like to thank Chair Gunther and all the members of the Assembly Standing Committees on Mental Health for holding today’s important hearing. The testimony below focuses on the unprecedented challenges this pandemic has created and exacerbated for the social, mental, and emotional health of children in our state.

**Children in New York Faced Behavioral Health Challenges Prior to COVID-19**

There are few aspects of children’s lives that have not been touched by COVID-19 in New York. The combination of economic devastation, illness and loss of loved ones, isolation, and widespread uncertainty have impacted the mental health of children and young people in profound ways.

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.\(^1\) Between 2009 and 2017, reported suicide attempts by high school students have risen from 7.4% to 10.1%, a 27% increase. 17% of high school students in New York reported that they seriously considered attempting suicide in the past year.\(^2\)

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Suicide Attempts Among New York High School Students Were Increasing Prior to COVID-19

The causes of suicide are complex, and addressing suicide and suicidal behavior requires a multi-faceted, multi-system approach that recognizes not just the need for better mental health and substance use supports, but also the social and economic factors and systems that disparately impact different populations.

Amid the complex array of factors contributing to inadequate mental health care for children is a lack of provider capacity. According to the National Survey of Children’s Health, approximately 50% of children in New York with a mental or behavioral health condition who need treatment don’t receive it. Roughly 50% of children with major depression don’t receive any mental health services in our state. In New York, there are only two child psychiatrists for every 10,000 children. Families face challenges accessing care regardless of whether they need outpatient care, intensive inpatient services, or community support services. These issues are further exacerbated for specific sub-populations, including families in rural areas or those in need of bilingual services.

COVID-19 Has Exacerbated Existing Behavioral Health Needs

With the arrival of COVID-19, the need for behavioral health services has skyrocketed. The National Alliance on Mental Illness of NYC has reported a 60% increase in calls to their

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hotline since mid-March. New York’s youth are seeing a spike in reported symptoms of anxiety and/or depression that are consistently higher than other age groups. From June to July, almost half of all youth aged 18 to 24 living in the New York Metropolitan Statistical Area (MSA) reported symptoms of anxiety and/or depression. A CDC survey from June 24-30 found that one in four young adults between the ages of 18 and 24 reported having seriously considered suicide in the last 30 days.

The effects of this pandemic can be particularly pronounced for children and adolescents. Extensive research on adverse childhood experiences tells us that the kinds of trauma caused by COVID-19 – including economic and housing insecurity, disruptions in mental health care, and loss of loved ones – have long-lasting repercussions across the health and wellbeing of children as they become adults. Though hospitals saw a temporary decline in psychiatric patients during the height of COVID, doctors are seeing a growing number of

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7 CCC's analysis of the U.S. Census Bureau's Household Pulse Survey collected from April to July 2020.
young people come to hospitals with dangerous psychiatric emergencies, and fear that conditions will only worsen without an adequate response.9

Furthermore, with the transition to distance learning, many children have lost a source of stability and routine, and may experience feelings of social isolation and anxiety. Many LGBTQ students may face heightened challenges if they live in unsupportive families and have lost their in-person connection to a more affirming school community. Additionally, the shuttering of schools has impaired the ability to identify and connect or maintain continuity of student’s access to clinical services. The importance of schools as a setting through which to receive clinical services is clear; a national study from the National Survey of Drug Use and Health (NSDUH) found that more than 13% of adolescents received some form of mental health services in a school setting in the previous 12 months.10 Additionally, 35% of adolescents who receive any mental health services receive them exclusively from school settings.11

Like all other aspects of this pandemic, the mental toll of COVID-19 has fallen disproportionately on those already most marginalized. The health and economic impacts of COVID-19 have been felt most strongly in working-class immigrant neighborhoods, and among Black and brown communities that have faced historic and institutional inequities. Extensive research indicates that household economic hardships can contribute to decreased mental wellbeing and increased rates of certain mental disorders and suicidal behaviors.12 With the added strains of job loss, loss of loved ones, housing instability, food insecurity, and a host of other instabilities, more and more children have been placed at risk of poor mental health.

Compounding the impact of COVID-19 are the harms of institutional anti-Blackness and police violence that children are coping with in the wake of the killing of George Floyd and the police’s violent reaction to protests. Even prior to this crisis, we were beginning to see a rise in suicide among Black youth.13 The factors driving this spike – including job loss and economic insecurity, lack of access to mental health resources, and the toxic stress of racism – have all been heightened during this crisis. NYC Well saw a nearly 10% surge in calls during the week following George Floyd’s death, on top of increase in calls from

13 NYU McSilver Institute. “Study: Self-Reported Suicide Attempts Rising in Black Teens as Other Groups Decline.” October 14, 2019.
The systemic racism and anti-Blackness students experience in their communities, schools, and daily lives is a second pandemic that must be addressed.

**Funding Cuts Have Threatened Access to Care**

Americans stand at a precipice, with many of the federal COVID-19 relief benefits – such as unemployment insurance and cash payments – having expired at the end of July. Yet Congress remains gridlocked, with Senate Republicans resisting the passage of a comprehensive COVID relief package that mirrors the HEROES Act proposed by the House. Without additional financial support, even more families and their children will suffer the psychological and emotional harms of economic distress, on top of anxieties related to isolation, loss of loved ones, and widespread uncertainty.

Citizens’ Committee for Children joins city and state leaders in calling for the federal government to provide critically-needed COVID relief to states and localities. However, we are also witnessing the cumulative harm that budget cuts at the city and state level are having on New York’s children. Though they may appear as discrete cuts, state reductions to education, health, and other local funding in fact have a cumulative impact, affecting the same communities over and over and over again. Those communities most impacted are disproportionately low-income communities of color, and they are the very same communities who have experienced COVID-19 infections, job and income loss, housing instability, and the harms of racist policing at higher rates.

With the financial strain of COVID-19, children’s behavioral health is facing new threats from multiple fronts. The recent 20% withholding to state Education funds, for instance, has already led some schools to sever their contracts with on-site school-based behavioral health services and CBOs. Given that 35% of adolescents who receive any mental health services receive them exclusively from school settings, these cuts will have an outsized impact on access to care. All of these budget challenges are compounded by the stressors of this pandemic which will continue to increase need in the future.

**Recommendations**

As New York determines the steps necessary to recover, we offer the following recommendations to support children and their behavioral health needs:

1. **Enable recovery by protecting children and families from harmful cuts, including cuts to behavioral health services.** New York will never recover from COVID-19 if the same families that have faced job loss, economic devastation, illness, and loss of loved ones are also harmed by reductions to their schools, healthcare systems, housing, and behavioral health services. New York must look to all options, including tax policy reform proposals.

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that would significantly increase state revenue to prevent cuts to essential services. New York City must also be granted borrowing authority; otherwise, the city will experience even more damaging cuts to basic services for children and families.

New York must place a moratorium on cuts to children’s behavioral health in recognition of the increased needs children continue to experience in the face of this pandemic. Only by investing in children now can we avoid the long-term repercussions of trauma and unmet mental health needs. Those families most impacted by the economic downturn, illness, and loss are those most in need of behavioral health supports for their children. We strongly support the State’s efforts to draw down additional federal funding. We also recognize that by protecting and strengthening state investments, we can reduce hospitalizations and emergency room visits, and prevent the emergence of more complex needs among children that are harder to address later in life.

2. **Make telehealth flexibilities permanent, and ensure equitable access to telehealth services.** New flexibilities to provide telehealth services have been a lifeline for many children and families, allowing them to stay connected to the critical health and behavioral health supports they need. However, thus far many of these flexibilities are temporary and tied to the declaration of a state of emergency. Particularly given the uncertainty of the future, it is critical that many of these regulatory flexibilities become permanent fixtures. These changes must include reimbursement for telephonic services at the same rate as audio-visual services, as well as reimbursement of telehealth visits at the same level as comparable in-person visits to maximize options for children and families. New York must also enable peer support services to be provided through telehealth, and work to eliminate administrative barriers that inhibit access.

As important as telehealth is, we must also acknowledge its potential role in exacerbating inequities in telehealth access, and that telehealth is not in itself a silver bullet to longstanding capacity challenges. Too many families still lack access to reliable broadband or internet to access services, and the digital divide disproportionately impacts low-income communities and communities of color. For those that have experienced a racially discriminatory healthcare system, teleservices may not feel like a safe alternative to in-person care. Telehealth can also pose challenges for very young children, children with disabilities, families who lack privacy, and families who speak languages other than English.

For these reasons and more, New York must also work carefully to ensure equitable access to telehealth services. This means prioritizing the needs of children and families and respecting their choices regarding how they want services delivered. It also means addressing the digital divide and ensuring all families have access to the devices and internet connectivity they need. In developing a new statewide plan for telehealth, careful attention must be paid to those patients most likely to be left behind, and how to ensure they receive the care they need.
3. **Extend Child and Family Treatment Support Services (CFTSS) to the Child Health Plus program.** These family-focused, community-based behavioral health and skill-building services could play a particularly critical role in helping children recover. However, these services are currently only available in Medicaid. Given that roughly 450,000 children are served through Child Health Plus – many of them because they are ineligible for Medicaid due to immigration status – extending these services is an important step towards combatting racial inequities in access to care.

4. **Support the behavioral health needs of students.** Great uncertainty remains over how children’s next school year will look, but schools will remain an important site – whether physical or virtual – for connecting children to emotional and behavioral supports.

Many students may have new behavioral health needs that are not easy to identify. It is therefore essential that educators have the training they need on trauma-responsive care. Students suffer when schools lack the tools to respond to trauma and instead respond with punishment, emergency medical services, and police involvement. Fortunately, models exist for how to engage students, families, and educators in whole school approaches that center healing and help support all students, including those who have experienced trauma. Though each school or school district has unique needs, some models worth considering include the Bronx Healing-Centered Schools Community Roadmap; the Schenectady City School District’s cultural broker model, and the proposed Mental Health Continuum in New York City.

At the same time, New York must also strengthen schools’ access to clinical and community-based services. Though no longer providing all services on site, during the pandemic, many Article 31 School Based Mental Health clinics have found ways to identify and connect with students who have increased need. Community-based behavioral health providers are also critically important when schools have limited access to on-site mental health resources or staff. New Child and Family Treatment and Support Services (CFTSS) provide family-focused, community-based services designed to prevent the need for more intensive services later in life. These services can reach more children if they are integrated into education settings, and if they are made available to children outside of Medicaid, including children in the Child Health Plus program.

Despite budget restrictions, New York cannot afford to be short-sighted by scaling back on existing school-based behavioral health resources; in fact, now is the time to invest more in the student supports so they can thrive socially, emotionally, and academically. The cuts previously mentioned will have devastating impacts on school budgets, including the provision of counseling and mental health supports. With 20% of funds already being withheld from schools and their budgets tightening, raising revenue and authorizing borrowing authority will be an important measure to stave off further elimination of needed services.

Additionally, we join partners throughout the state in urging leaders to move away from punitive approaches like suspensions that cause harm by pushing students out of school and into the school-to-prison pipeline. Many students returning to school will have
experienced trauma and are entering an uncertain academic environment with new rules and anxieties. New York educators must be careful not to respond to student behavior with suspensions, which disproportionately impact students with disabilities, LGBTQ students, students from low-income households, and students of color. We therefore join many state partners in calling on New York to issue a moratorium on suspensions for the 2020-2021 school year to ensure children are not losing out on even more learning, and have the support they need to heal.

5. Hold health plans accountable for meeting contractual obligations and enforce mental health parity laws on behalf of children and youth. Despite federal and state mental health parity laws, families in New York continue to be denied equal access to behavioral health services, ranging from unnecessary pre-authorizations for treatment, to high out-of-pocket payments, to severe network inadequacy. New York must enforce compliance with federal and state mental health parity requirements, including by strengthening fines and enforcement of parity violations, and requiring that these fines be reinvested into behavioral health system. Given the budgetary challenges facing the state, New York must ensure health plans are serving the children and families they required to serve.

6. Establish mechanisms to identify, analyze, and address systemic barriers that prevent children and families from accessing timely and appropriate services. To better serve families, New York must better understand where and how children are struggling to find behavioral health services, and the systemic challenges they face accessing care.

New York can begin identifying these needs by:

- Establishing and promoting more effective metrics to measure children’s unmet behavioral health needs.
- Producing a semi-annual fiscal viability analysis of existing children’s behavioral health services, including a comprehensive rate adequacy assessment.
- Producing a regular report on workforce shortages in children’s behavioral health providers by county, including data on providers serving special populations.
- Passing, A. 7213 (Fahy)/S.8925 (Stavisky), which would amend the Education law to require approximately 40 categories of health care practitioners to report information as part of their registration/re-registration process with the State Board of Education. This information is particularly important for identifying and addressing workforce shortages in children’s behavioral health.

Thank you for your time and consideration today, and for all you do to support New York’s children and families.