



**Testimony Provided to the New York City Council Committee on Mental Health,  
Disabilities, and Addiction and the Committee on Youth Services  
Oversight Hearing: Accessing Mental Health Services for Youth**

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November 9, 2022

Since 1944, CCC has served as an independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. 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 New York City's children.

CCC is also a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services when staff were unable to address students' social-emotional needs.

We would like to thank Chair Stevens, Chair Lee, and all the members of the Committees on Disabilities, and Addiction and the Committee on Youth Services for holding today's hearing on mental health access for youth in New York City.

**Supporting the Behavioral Health Needs of Youth in New York City**

Throughout our city, thousands of families every day face a reality: finding timely mental health supports for children and adolescents is overwhelming, isolating, exhausting, and often impossible.

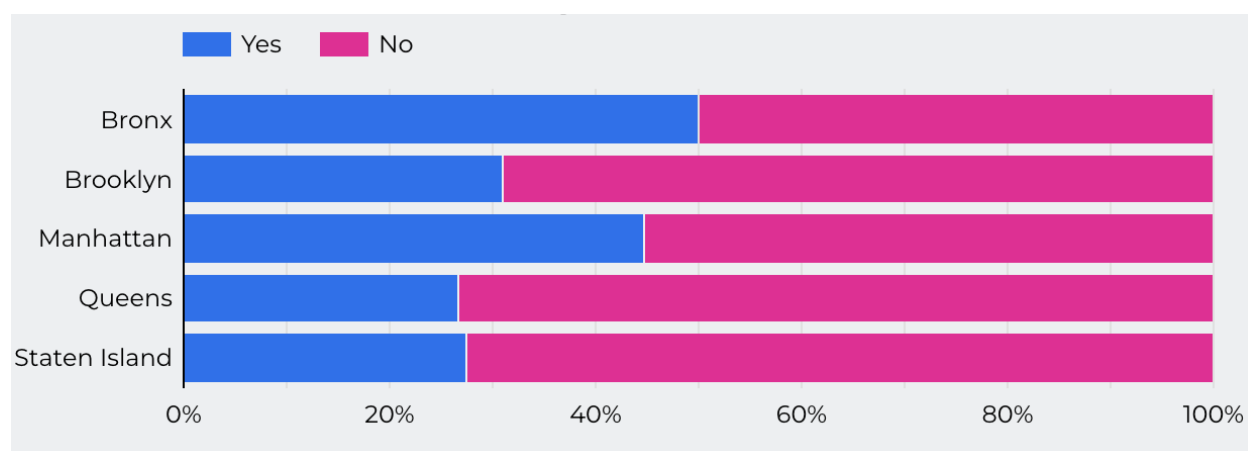
The percentage of children who have anxiety or depression in New York State grew from 8.9% in 2016 to 10.9% in 2020, a 22.5% increase.<sup>i</sup> The share of parents in the NYC Metro area reporting their children have behavioral health needs has risen over the past five weeks, and was at 32 percent for the first half of October.<sup>ii</sup> The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association have all declared a national state of emergency in child and adolescent mental health.<sup>iii</sup> Alarming, providers throughout New York City and the State are seeing waiting lists in the hundreds, leaving families waiting for months for services their children desperately need today.

The foundation for these challenges were laid well before COVID-19 arrived, driven by chronic underinvestment in the children's behavioral health system, deeply inadequate reimbursement rates, and a focus on crisis intervention rather than the full continuum of behavioral supports for children and their families. COVID-19 entered this dramatically under-resourced system to

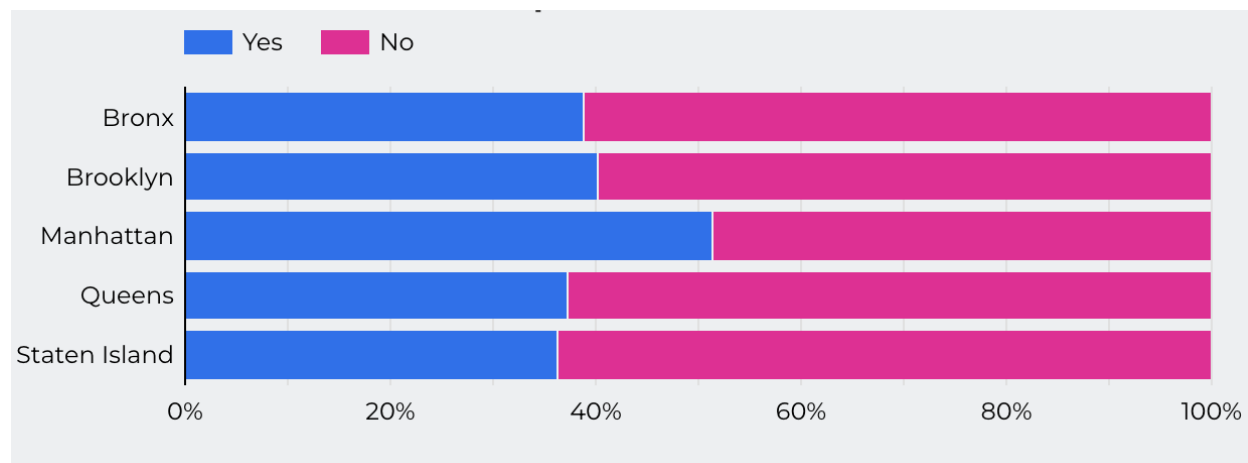
devastating effect, causing widespread loss, economic insecurity, and unprecedented educational disruption.

In February 2021, youth advocates and Citizens' Committee for Children launched a survey that collected responses from more than 1,300 young people (ages 14 to 24) across New York City, with a representative share from all five boroughs.<sup>iv</sup> More than a third (35%) of youth report wanting or needing mental health services from a professional, particularly youth in the Bronx and Manhattan. Among youth who want/need mental health services, only 42% reported receiving these services. Youth identified mental health as one of the greatest challenges and needs in their communities.

### **Did You Want or Need Mental Health Services from a Professional?**



### **Of Those Who Wanted/Needed Services: Did You Receive Mental Health Services from a Professional?**



*Source: Voicing Our Future Survey of 1,300+ Youth in NYC, Ages 14-24, February 2021.*

Though families in New York have faced significant challenges accessing much-needed behavioral health services, the City has an opportunity to identify and enhance services and interventions that work. With the commitment of our city and state leaders, it is possible to

reverse course and transform the children's behavioral health system into one that supports and lifts up families in the face of crisis.

## **Recommendations**

### **1. Baseline \$5 million for the Mental Health Continuum, an evidence-based model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics.**

In CFY22 and CFY23, the City allocated \$5 million for a promising model called the Mental Health Continuum, which aims to integrate a range of direct services and develop stronger partnerships with hospital-based mental health clinics to provide more effective and efficient supports for students with significant mental health needs. This model is designed to meet the needs of students with significant mental health challenges in the schools and neighborhoods with the highest rates of NYPD interventions, suspensions, and chronic absenteeism.

The Mental Health Continuum represents a unique cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. However, funding was appropriated only for FY22 and FY23; if funding is not maintained and baselined, the City will not be able to continue implementation of the Continuum. To fully implement the model initiated in FY22 in 50 high-needs schools in the South Bronx and Central Brooklyn, the \$5 million must be included baselined in the FY24 Budget.

### **2. Provide \$28.5 million to add school-based mental health clinics to 100 new sites and expand the capacity of existing clinics.**

School-based mental health clinics provide essential on-site mental health services to students, including diagnosis and treatment. Supports can include individual and family counseling, psychiatry and medication management, family peer support, and crisis response.

SBMHCs bill Medicaid and insurance directly for services provided to students. However, there are limitations on what services are reimbursable. City funding is essential for enabling clinics to offer a more comprehensive and inclusive array of services, including services for uninsured children, services for children without a diagnosis, and trainings and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the 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.

By providing \$75,000 in annual operating support to the nearly 300 existing school-based mental health clinics, the City can ensure these services are more comprehensive, inclusive, and effective. The City can also take advantage of the state and federal dollars that clinics are able to pull down through reimbursement.

Moreover, far too few schools have access to School-Based Mental Health Clinics. Only approximately 15% of schools have School-Based Mental Health Clinics. In addition to supporting the operation of existing clinics, the City should significantly increase the overall number of school-based clinics so more students can benefit from their services.

### **3. Expand and fully complete implementation of restorative justice practices.**

To fulfill their commitment to students, the City must work towards full implementation city-wide restorative justice by FY 2028. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

### **4. Address Chronic Shortages in Behavioral Health Care for Children and Families.**

Undeniably, the provider network in New York City is inadequate to meet the wide array of behavioral health needs facing New York's children and families. This shortage is largely due to a deeply under-resourced system, which is itself driven by historically inadequate reimbursement rates in Medicaid and commercial insurance, as well as in city and state contracts. New York City cannot address access without addressing the workforce.

The City can address workforce challenges by funding incentives to enhance the behavioral health workforce, including strategies such as tuition assistance, loan forgiveness, and cost of living adjustments, with a particular focus on BIPOC and multi-lingual providers.

Additionally, the city must recognize the complex ecosystem of children's behavioral health supports, and the importance of providing sustained funding for the full continuum of children's services. Specifically, City employees who provide behavioral health supports receive significantly higher salary and benefits than community-based providers paid through city contracts. As a result, the community-based workforce has faced instability, often seeing qualified staff leave CBOs in order to take positions paid through the City. The resulting vacuum in staff leaves providers facing staffing shortages, and pulls providers out of the lives of families and communities who may have relied on those services. New York City should ensure contracted behavioral health workers have comparable salary and benefits to City providers.

### **5. Support the recommendations of the Campaign for Effective Behavioral Supports in Schools (CEBSS)**

CCC is a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services when staff were unable to address students' social-emotional needs. We urge City leaders to support CEBSS Vision for Behavioral and Mental Health Supports in Schools, which can be found at [here](#) and includes:

- Follow recommendations made by the Healing-Centered Schools Task Force, which recognize that social-emotional well-being is a necessary ingredient for learning;

- Fully implement and scale up the Mental Health Continuum, a model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics;
- Ensure behavioral health services for students are effectively communicated to all families;
- Expand access to school-based mental health clinics and partnerships with community-based providers;
- Ensure social workers in schools have the support and resources to effectively serve students;
- Expand and implement school-wide restorative justice practices in all schools; and
- Revamp and enhance supports for students and reevaluate supports for students with behavioral disabilities in NYC District 75 special education schools and District 79 schools

## **6. Support the Mental Health of the Youngest New Yorkers.**

The stressors of COVID-19 have had a unique impact on children under 5 years of age, who are at a critical developmental and behavioral health stage and may have experienced trauma while lacking the capability to fully understand it or access needed services and care. New family stressors on top of the loss of routine, social interaction, and comfort at an early age can have lasting impacts on early childhood development and social-emotional wellbeing. Fortunately, there are effective models and interventions that are designed to help the youngest children and their families weather these types of challenges and support their healthy development. Unfortunately, far too few of these supports are well-funded or universally supported with public resources.

More providers operating both center-based and/or home-based child care would benefit from additional resources to support the integration of behavioral health and developmental supports into their classrooms and from training and resources to promote these practices. DOE should embed resources for training and service integration into early childhood standing contracts. Service integration would also be improved through greater coordination between the Department of Education and the Department of Health and Mental Hygiene, which possesses expertise in the types of best practices for young children’s developmental and mental health that should be brought to scale in early care and education settings.

Thank you for your time and commitment to New York City’s children and families.

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<sup>i</sup> 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>

<sup>ii</sup> CCC’s analysis of U.S. Census Bureau. Household Pulse Survey, Phase 3.6. Health Table 4. Feelings or Behavior of Children in the Household During the Past Four Weeks, by Select Characteristics: New York State and New York City Metropolitan Statistical Area.

<sup>iii</sup> American Academy of Pediatrics, “AAP, AACAP, CHA declare national emergency in children’s mental health,” October 19, 2021. <https://publications.aap.org/aapnews/news/17718>

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<sup>iv</sup> Citizens' Committee for Children, "Voicing Our Future: Surveying Youth on their Priorities for 2021 and Beyond," May 26, 2021. <https://cccnewyork.org/voicing-our-future-surveying-youth-on-their-priorities-for-2021-and-beyond/>