JCCA

Repair the world child by child

TESTIMONY OF RONALD E. RICHTER TO THE NEW YORK CITY COUNCIL COMMITTEE on MENTAL HEALTH, DISABILITIES and ADDICTION

September 22, 2020

Good afternoon, Chair Ayala and members of the Council Committee on Mental Health, Disabilities and Addiction. To begin, I would like to thank the committee for bringing attention to the issue of increased drug overdose, depression and anxiety during COVID-19 and to thank CM Louis for introducing legislation – Int. No. 2005 -- that would require the city to report on numbers of formally diagnosed or mental health related cases dis-aggregated by age, race and gender.

I am grateful today for the opportunity to testify about how children are faring during COVID 19. My name is Ronald Richter and I am the Chief Executive Officer and Executive Director of JCCA. JCCA has been working with New York's most vulnerable children and families since 1822.

You may be familiar with JCCA based on our work within the child welfare system, but we also have a robust care management division that delivers crucial support to young people whose mental health needs and chronic illnesses would otherwise place them at risk of hospitalizations or experience with the child welfare system.

We were thrilled that the Medicaid redesign process allowed any eligible young person enrolled in Medicaid to receive Child and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS.) As a result, JCCA's skilled service providers work directly with vulnerable young people, in their homes, schools, and communities. We help children and their caregivers understand their diagnoses, develop important coping skills, and encourage independence and self-advocacy. These supports help our clients engage in school, receive consistent medical and behavioral treatment, and avoid hospitalizations, foster care, and placements in higher levels of care.

The pandemic has placed our clients under tremendous stress, which is compounded by decades of systemic racism, over-policing, and disinvestment in schools, social services, and infrastructure. Many come from the NYC communities hardest hit by COVID-19, with the fewest resources. The anxieties of illness, economic instability, and social isolation have burdened

caregivers. Evidence shows that these type of adverse childhood experiences; parental loss, economic and housing insecurity, disruptions in mental health care and loss of loved ones will have long-term negative impacts into adulthood. These impacts include increased heart disease, lower educational and professional achievement, cancer and criminal justice involvement, to name a few.

Studies from China, California, Canada and across the US are reporting increased levels of anxiety and depression as a result of the COVID pandemic. The Canadian survey also indicated that respondents are concerned that depression will worsen with continued social distancing and isolation. According to the Center on Poverty and Social Policy at Columbia University, working age adults, children and Black Americans will fall below the poverty line at the highest rates as a result of the COVID-19 pandemic. This, in turn, creates toxic stress that will affect the mental health of children and adults in these households.

We support Intro 2005 as it will provide a mandate to not only measure how many people are receiving mental health care, but will also shed light on differential effects based on age, race and gender. This can guide how NYC allocates resources to address the challenges ahead.

I will highlight today how CFTSS and HCBS offer critical supports for the stability and well-being of vulnerable families and the need to integrate these services into schools and other frontline services during the COVID-19 pandemic.

Thanks to the Governor's Executive Order 202.1, JCCA transitioned to remote service delivery of CFTSS and HCBS very early in March, which had its benefits and drawbacks. Remote service eliminated travel time and increased the number of clients we could serve every day. Frequency also increased, as young people and families learned how to communicate with providers electronically, reaching out when necessary instead of waiting for scheduled appointments. On the other hand, not every young person was able to engage remotely: it is harder to establish trust and connection on a screen, especially for young children, and the digital divide presented numerous challenges to both caregivers and providers.

Some families lacked digital devices necessary to engage in services; others had inconsistent or nonexistent data connectivity. And even with digital connectivity in place, many families' living spaces do not afford private space necessary for young people to fully engage in assessments, therapy and peer support. And services such as habilitation, which help clients learn skills like shopping, hygiene, or navigating the community, cannot be delivered remotely. When necessary, we provided in-person services after careful screening for COVID-19 exposure and symptoms.

As we enter the eighth month of COVID-related uncertainties in New York City, I would like to make a number of recommendations.

Trauma-informed direct care is critical; we should expand eligibility to any child in foster care, or any child with an IEP. We know these children have pre-existing challenges that CFTSS and

HCBS can address. **We must preserve, if not expand, Medicaid funding of children's mental health**.

Schools, traditionally sources of stability and support for children, will be struggling under the weight of hybrid schedules and remote instruction, in addition to the pressures of reopening safely. **Schools need to work collaboratively with community based organizations to better identify and refer eligible children who can benefit from behavioral health services. School personnel will have to be trained in what services are available, and eligibility criteria in order to streamline referrals.**

We should also **expand CFTSS to families enrolled in Child Health Plus (CHP).** Increasing the availability of trauma-informed mental health supports to school-age children will have dramatic impact on academic engagement, family stability, and overall well-being, not to mention alleviating significant pressures on school administrators, counselors, and teachers.

We must also **eliminate many barriers to access and service provision**, such as onerous eligibility assessments, limits on licensing credentials for providers, frequent managed care authorizations, and other administrative burdens.

In terms of the integration of children's mental health services into frontline sources of support, I would like to bring the following to the attention to the committee. According to the Children's Bureau of the US Health and Human Services, 20% of reports of child abuse and neglect across the US come from schools, making teachers the primary mandated reporters. Additionally, Infants and toddler in NYC are being immunized at 63% lower rates than one year ago, stripping us of a critical opportunity for doctors and nurses to assess family well-being. **Now is the time for food banks, housing organizations and other trusted community based organizations to partner together to assist children and families before and during a crisis.** For example, when a family visits a food bank, an agency like JCCA should be there to offer information about life-changing Medicaid-funded services like therapy, respite care or peer support that they otherwise would not know exists. I urge the Council to advocate and work with the city to develop these critical partnerships.

Lastly, I must also raise the issue of the indirect rate to human services contracts. JCCA has been much appreciative of the Council's support of honoring the city's commitment to nonprofit organizations to fund the indirect rate of contracts. It is critical for the city to support non-profit organizations now in order to enable them to provide critical services to children and families. The decision to cut the rate by 40% in FY 20 after the end of the fiscal year constitutes a fiscal challenge for nonprofits. We not only urge the Council to continue your support of fully funding the indirect rate in FY 20 but to make it whole in FY 21.

In summary, the resiliency of New Yorkers is world-famous, but this does not mean that we should expect the most vulnerable among us to emerge from this collective trauma without support. When we invest in the mental health of our young people and their caregivers, we are investing in the success of our communities.

All New Yorkers can make it here—and anywhere—when they have the resources they deserve. We are deeply grateful for your commitment to our families, our kids, and their kids and for your leadership to ensure that they receive effective, necessary, and life-saving behavioral health services.

I am available to answer any questions and follow-up and can be reached at richterr@jccany.org or at 212-558-9905.

Thank you again.

****

Testimony before the
New York City Council Committee on Mental Health, Disabilities and Addiction
Diana Ayala, Chair

September 22, 2020

presented by

Nancy Harvey, LMSW
Chief Executive Officer
Service Program for Older People, Inc.
www.spop.org

I want to thank Chairman Ayala, Council Members Farah Louis and Ben Kallos, and members of the City Council Committee on Mental Health, Disabilities and Addiction for holding this hearing on Int. No. 2005.

My name is Nancy Harvey and I am honored to provide testimony on behalf of **Service Program for Older People**, or SPOP, the only agency in New York City exclusively and entirely dedicated to meeting the behavioral health needs of older adults. SPOP receives support from the New York City Department of Health and Mental Hygiene and Department for the Aging.

I have served as chief executive of SPOP since 1990 and have overseen its growth from a neighborhood agency to a city-wide resource. This year SPOP will provide comprehensive behavioral health care and related services to more than 3,000 older New Yorkers, complete over 19,000 professional sessions, and work with hospitals, senior centers, and other providers to reach out to traditionally underserved populations. Our client population is overwhelmingly low-income, medically frail, and socially isolated.

SPOP has provided uninterrupted service during the Covid-19 outbreak. We transitioned all treatment to HIPAA-compliant telehealth connection in March and have completed more than 12,000 telehealth sessions this year. This experience has shed fresh light on what it means to be older, vulnerable, isolated, fearful, and financially insecure. In my thirty years at SPOP I have never seen such a pressing need for treatment, intervention, support, and connection to related services, and the entire SPOP staff is grateful for the opportunity to provide behavioral health care for older New Yorkers at a time when it is needed so urgently.

We have seen first-hand how the pandemic has affected the mental health and emotional well-being of older adults, with increased severity of symptoms of depression, anxiety, substance misuse, and suicidality. We have also experienced a 50% increase in services provided compared to one year ago, and our programs are stretched to meet growing demand. We continue to receive urgent calls every week looking for assistance with mental health care, social isolation, bereavement support, or assistance with meals or housing.

The COVID-19 pandemic continues to take a terrible toll on our region, with over 32,000 deaths, a million jobs lost, disproportionate impact on communities of color, economic disruption, unprecedented demand on food assistance programs, and uncertainty about what the winter will bring.

If we are to learn from this experience, it is essential that we collect and analyze data on how the pandemic has impacted mental health in New York City, particularly among vulnerable populations. I urge the City Council to adopt this bill.

I thank the Committee on Mental Health, Disabilities and Addiction for its work during this challenging time and for this opportunity to speak about our work providing behavioral health care for older adults.

Service Program for Older People/SPOP
September 22, 2020
302 West 91st Street, NYC 10024
212-787-7120
www.spop.org

New York City Council
Committee on Mental Health, Disabilities and Addiction

HEARING RE: OVERSIGHT – Increased Drug Overdose, Depression and Anxiety During COVID-19

September 22, 2020

Testimony prepared by:

Lisa Furst, LMSW, MPH
Assistant Vice President, Center for Policy, Advocacy and Education
Vibrant Emotional Health
(Formerly the Mental Health Association of New York City, Inc.)

Thank you, Councilmember Ayala and the Committee on Mental Health, Disabilities and Addiction, for the opportunity to provide testimony regarding the incidence of drug overdose, depression and anxiety among New Yorkers during the COVID-19 pandemic.

Vibrant Emotional Health (Vibrant), formerly known as the Mental Health Association of New York City, has provided direct services, public education and advocacy services to New York City for over 50 years, and throughout its history, has been engaged in suicide prevention activities for vulnerable populations. Vibrant currently administers the National Suicide Prevention Lifeline, which serves nearly 2 million people every year. Vibrant also partners with the Mayor's Office of ThriveNYC and the New York City Department of Health and Mental Hygiene (DOHMH) to operate NYC Well, which serves as the front door to New York City's behavioral health system, connecting New Yorkers to free confidential, high quality behavioral health information, referral, support and crisis intervention services as well as follow-up and peer support services 24/7/365 through phone, text and/or chat. The program is staff by counselors and peer support specialists.

During the pandemic, NYC Well has seen an overall increase in activity compared to the same period in the prior year. For example, in the period from April 1 – August 31, 2019, NYC Well received a total of 149,594 inbound contacts. Of these, 72% were phone contacts, 21% were chats and 5% were texts. From April 1 – August 31, 2020, NYC Well received a total of 185,019 inbound contacts, or an increase of 34,425 contacts compared to the prior year. During this period in 2020, NYC Well has also seen a shift in the modalities that New Yorkers are using to get support, with calls representing 63% of contacts, text representing 28%, and texts representing 8%. It is likely that as New Yorkers have been working, going to school and socializing from home, often in unremitting contact with their families or other people with

whom they cohabitate, the need for privacy has caused a shift from the phone as the most preferred method of help-seeking to chat and text, which can be managed without being overheard by anyone else in the home.

NYC Well is currently seeing a general decrease in the frequency with which Covid-19 is specifically mentioned as an area of concern than in the earlier phases of the pandemic. For example, on March 29, 2020, there were 245 inbound contacts citing Covid-19 as a concern, representing 16% of all contacts that day, the highest rate of coronavirus mentions since the pandemic began. In contrast, the lowest rate of coronavirus mentions occurred on June 27, 2020, with 27 inbound contacts citing Covid-19 as a concern, representing 3% of contacts that day.

NYC Well data indicates a rise in anxiety related concerns during the period from April 1, 2020 through August 31, 2020 compared to the same period in 2019. For example, in 2019, anxiety was the fourth highest presenting concern, representing 16% of all inbound contacts. From April – August of this year, anxiety was the most frequently cited presenting concern, representing 21% of all inbound contacts. Mood concerns, such as depression, decreased in frequency, moving from the most frequently presenting concern in 2019 (19% of inbound contacts) to the third most frequently cited concern in 2020 (17% of inbound contacts). Substance abuse concerns stayed steady in 2019 and 2020, representing 4% of inbound contacts to NYC Well in both years. Suicidal ideation also remained the same in both years, representing 4% of inbound contacts to NYC Well in both 2019 and 2020.

This data indicates that New Yorkers experienced increases in stress and anxiety throughout the pandemic, with concerns peaking in the earlier stages of the public health emergency and gradually decreasing over time as the severity of the pandemic has decreased. The overall utilization of NYC Well throughout the pandemic thus far has been higher than in

the same period in 2019, indicating increased numbers of New Yorkers reaching out for and receiving support.

Thank you for this opportunity to present this testimony today. We are grateful for the New York City Council having made this opportunity possible, and we are available at the Council's convenience to assist in its efforts to support the emotional well-being of New Yorkers throughout the pandemic and beyond.

City Council Committee on Mental Health, Addictions and Developmental Disabilities

Oversight Hearing: Increased Drug Overdose, Depression and Anxiety During COVID-19

September 22, 2020

Chair Ayala and distinguished members of the City Council, thank you for the opportunity to testify today. I'm Nadia Chait, the Associate Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

The COVID-19 pandemic, combined with social unrest around racism and social inequity, present significant challenges for individuals with behavioral health issues. Our providers work in the communities that were hardest hit by the COVID pandemic. These communities saw the most deaths and illness because of the structural racism that pervades our state and country. Individuals in these communities largely live in housing that is more crowded, had jobs that required them to be in person, and did not have access to the financial resources and benefits that allowed wealthier New Yorkers to avoid some of the pandemic's risks. Behavioral health staff are from the same communities as our clients, and are struggling under the dual weight of COVID and racism as well.

For individuals with substance use disorder, COVID is the second epidemic they face. The drug overdose epidemic did not end when COVID started spreading. COVID and the racial reckoning have led to new difficulties and struggles for clients with substance use issues. The same communities that were hardest hit by COVID have seen higher rates of drug overdoses and deaths than the rest of the city.

Our members have reported that the pandemic, racism and social inequity is exacerbating clients' existing mental health conditions and leading to relapses in substance use, often after decades of sobriety. Providers are seeing increases in anxiety and depression, among clients who did not previously have these diagnoses. Our providers report that, anecdotally, they are seeing increases in nonfatal overdoses.

Fortunately, many of individuals are reaching out for help and treatment. In a survey we conducted, over three-quarters of our providers reported seeing an increase in demand for their services. The increase in demand was the greatest for clients who were already known to the agency, showing the importance of the behavioral health sector in helping individuals engage in care, and being at the ready for our clients when they are experiencing worsening or new symptoms.

Providers were able to innovate quickly at the start of the pandemic and began providing services via telehealth. Clients have remained engaged in services, and in many cases, show rates actually increased. Providers purchased phones with data plans for clients, used peer and outreach staff to teach clients how to engage in telehealth, and worked with clients over the phone to support those without internet access or technological literacy. Much of this resulted in significant increased equipment costs for providers, leaving them out thousands of dollars that has not been reimbursed.

Providers also implemented new safety protocols at in-person programs with incredible speed to keep clients and staff safe. Many of our providers operate supportive housing and other residential programs that cannot close. These providers worked incredibly hard to start new sanitizing protocols and distribute PPE. Despite their heroic efforts, many of our providers lost both staff and clients. The individuals with serious mental illness who live in these residences are likely to have significant co-occurring physical health issues, and their life expectancy is twenty-five years shorter than the general population. These individuals are at a high-risk of developing severe cases of COVID. Shortages of PPE at the height of the pandemic, when behavioral health organizations were often inexplicably excluded from distributions for healthcare providers, did not help to protect clients and staff. As the virus has abated in New York, providers have been able to increase their stock of PPE and have changed their physical spaces to make them safer. Providers have invested in telehealth services, and developed new resources to provide the best care via telehealth. At The Coalition, we have trained hundreds of behavioral health staff on best practices and techniques for telehealth, from welcoming clients into a virtual waiting room to conducting group therapy via video.

Unfortunately, the precarious nature of city and state finances leave many of these services vulnerable. The State is threatening twenty percent cuts to mental health and substance use programs funded through state aid, which would be a catastrophe for New Yorkers. Cuts of this size will lead to program closures, reductions in the number of people served in programs that stay open, and staff layoffs.

We cannot cut behavioral health services at this time. Data from the CDC shows that over one-third of New Yorkers experienced depression or anxiety from April through July. And this may be just the tip of the iceberg: studies done after the Great Recession found that for every one percentage point increase in the unemployment rate, there is a 1.6% increase in the suicide rate and a 3.6% increase in the opioid overdose rate. These deaths are preventable, if these New Yorkers have access to support and treatment, instead of funding cuts that will leave them alone when they are most vulnerable.

The City must step up and ensure that services for all New Yorkers who need them. In particular, the City must maintain its commitment to services that fill gaps and help those with the most serious mental illness and substance use issues. This includes maintaining and expanding mobile crisis teams, Intensive Mobile Treatment and Forensic Assertive Community Treatment. We encourage the City to work with community-based providers to ensure that school-based behavioral health services continue, even when children are not physically in the school building.

None of these services can succeed without appropriate financial support. The City is often an inadequate partner to its contracted nonprofit providers, shown particularly by recent cuts to the indirect cost rate initiative. This was a critical initiative that finally provided appropriate funding on contracts that had been underfunded for years, to cover the true costs of this work. Nonprofits should not be forced to accept contracts that do not cover their fully costs.

The Coalition supports efforts to increase our knowledge about the mental health impacts of COVID-19, and we thank Council Member Louis for her attention to this issue. We are concerned, however, that the bill as written would result in surveys or other burdens on community-based providers, who are already stretched very thin from the burdens of COVID-19. Several data sources already exist to obtain this information, including Medicaid claims data, the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), and surveys conducted by various regulatory agencies including the State Office of Mental Health. We would also note that the impact of COVID-19 has caused not only new diagnoses but has also resulted in an exacerbation of existing mental illness among many of the individuals we serve.

The mental health and substance use impacts of COVID-19 are just starting to be clear. These impacts will continue even after the physical threat of the virus has concluded. Trauma does not disappear with a vaccine. There is no public health without behavioral health. We thank the Committee for your attention to this important issue, and look forward to continuing to work with you.

Visiting Nurse Service of New York
220 East 42nd Street
New York, NY 10017
www.vnsny.org

New York City Council Committee on Mental Health, Disabilities, and Addiction
Oversight - Increased Drug Overdose, Depression and Anxiety During COVID-19 Hearing
Visiting Nurse Service of New York (VNSNY)
Tuesday, September 22, 2020

Good Afternoon Chair Ayala and Members of the Committee on Mental Health, Disabilities and Addiction, my name is Neil Pessin, Vice President of Community Mental Health Services (CMHS) for the Visiting Nurse Service of New York (VNSNY) and I appreciate the opportunity to testify about VNSNY CMHS' experiences throughout COVID-19 – and the importance of preventing cuts to behavioral health programs.

VNSNY is the largest not-for-profit freestanding home and community-based healthcare organization in the United States, but we are rooted in our commitment to New Yorkers and those most vulnerable among us. We work to ensure these populations have access to cost-effective health care services in their communities and in the comfort of their own homes. Every day, our organization touches the lives of more than 44,000 people who are faced with a wide range of health care challenges that are managed either with short-term intervention, ongoing chronic care services or end of life care support. During COVID-19, as we did during Hurricane Sandy and September 11th, VNSNY has been providing vital healthcare services to New Yorkers throughout this public health emergency (PHE). To date, we have provided care to over 4,200 COVID positive New Yorkers.

About VNSNY CMHS

With critical support from New York City Department of Health and Mental Hygiene (NYC DOHMH), the NYC Council, and the New York State (NYS) Office of Mental Health, CMHS provides home and community-based behavioral health and case management services to vulnerable adults and children in every borough**.** *We employ over 350 employees, 300 of which are clinical staff, case managers, outreach workers, and peers. Last year, we provided over 120,000 visits to over 16,000 NYC residents. Since the beginning of the public health emergency, we have provided critical behavioral health interventions to approximately 7,500 NYC residents.*

About 67% of the adults and 90% of the children we serve are racial or ethnic minorities. Almost all are uninsured or qualify for Medicaid. We offer a variety of programs that serve those suffering from behavioral health and/or substance misuse - including mobile crisis teams for children and adults, Assertive Community Treatment, and Intensive Mobile Treatment. These programs serve populations who are severely mentally ill, homeless and/or involved in the criminal justice system, and who are disconnected from behavioral health and medical services and are frequent users of emergency departments. We also offer home and school-based crisis intervention services for children, as well as outreach, supportive counseling, and depression screening for the geriatric population.

Impact of COVID

COVID has had an enormous impact on our programs and the individuals we serve. Never has the need for mental health interventions been so important to prevent isolation, escalation, and institutionalization. The individuals and families we serve have a higher incidence of trauma, anxiety, and depression as well as the need for assistance accessing benefits and necessities such as housing, food, and medication.

Mobile Crisis Teams: VNSNY operates Children's Mobile Crisis Teams (CMCT) and Mobile Crisis Teams for adults in the Bronx, Brooklyn, and Queens. We serve as a safety net for individuals in need of assessment and linkage due to a psychiatric crisis. Mobile Crisis deploys clinically trained professionals to assess psychiatric risk and risk of harm to the individual and others and connect them to necessary behavioral health services. By and large, referrals have remained steady, but the reasons have changed, as have the means of engagement.

We have found that the children referred during COVID have exhibited increased depression, isolation, regression from in-place therapeutic services, sibling rivalry, and dissolving of family cohesion. With the additional stresses and uncertainties about school, we are concerned, and these programs remain readily accessible to the children and families who may need them.

For adults referred during COVID, we have seen an increase in reports of suicidal ideation, paranoid beliefs, depression, agitated behaviors, substance use/alcohol misuse, and complicated grief. We have also seen clients with decreased ability to maintain activities of daily living (ADLs) and upkeep of home after job loss, and a continuous stream of referrals who were disconnecting from their treatment. The mobile crisis teams have transported more people to local emergency rooms (ERs).

While we have increased telephonic assessments, we are still performing in-home assessments when necessary. That means using personal protective equipment (PPE) for all visits and clinical evaluations to protect our clients and staff. A key challenge during the COVID emergency has been finding outpatient behavioral health services to refer clients to, as many remain closed or are operating on a highly reduced schedule.

Geriatric Outreach programs: VNSNY operates geriatric outreach programs in the Bronx and Manhattan, including the City Council-supported Geriatric Mental Health Initiative in the Bronx. With the goal of helping older adults remain at home and out of institutional care, we provide connections to support services and/or treatment organizations to address depression and alcohol/substance use disorders.

Depression is the most prevalent mental health problem among older adults and this has only increased during the COVID emergency. Our geriatric programs have seen an increase in reports of social isolation, depression, behavioral issues (i.e. agitation secondary to dementia), and an increase in the number of medically frail older adults. We are also observing anxiety over COVID and other existing medical conditions, an increase in 911 calls for medical reasons by both family members and staff, an increase in previously enrolled individuals requesting services again, families not wanting to utilize resources such as the nursing homes or respite sites due to concerns about COVID, and more older adults wanting to be

linked to community-based services. Due to the closure of senior centers, we have had to adapt our outreach efforts to phone and email, which has resulted in a decreased number of referrals at a time when our services are needed most. However, the length of time we remain engaged with each client has increased significantly, as have our clients' willingness to accept linkages to treatment.

Assertive Community Treatment (ACT): ACT provides multidisciplinary, flexible 24/7 community-based treatment and support to people with severe mental illness. ACT helps address every aspect of a person's life, whether it be medication, therapy, social support, employment or housing. ACT is intended for those who have transferred out of an inpatient setting but could benefit from a similar level of care in the community. During the COVID emergency, our ACT teams are conducting fewer in-person visits and are providing more interventions via telehealth. We have also seen an increased need for health literacy among our clients. Unfortunately, there remains a long waiting list for the ACT program. The moment the team has a discharge, there is a referral waiting.

Throughout the emergency, our ACT teams have done an excellent job of transitioning to telehealth, maintaining constant contact with clients, and conducting in-person visits on an as-needed basis. Many clients transitioned to telephonic telehealth with ease. They have communicated with their psychiatrist more regularly and received medical care as needed. The ACT teams have been able to follow clients who migrated from borough to borough with greater ease by phone, rather than having to travel to try and find them. The majority of our clients-maintained stability throughout the pandemic with the assistance of their teams and we did not see an increase in the number of crises they experienced.

Home-Based Crisis Interventions (HBCI) for Children: HBCI offers an alternative to out of home placement for youth experiencing psychiatric distress. It is designed to provide short-term intensive in-home intervention to families in crisis due to the imminent risk of their child being hospitalized at an inpatient psychiatric unit. During the COVID emergency, we have had fewer-face-to face contacts and more contact via telehealth, which is often preferred by families. We have also had fewer referrals largely due to school closings since schools are a major referral source to this program.

Potential Impact of Cuts

Our most vulnerable residents are experiencing levels of stress, trauma, anxiety, and depression that we have never seen before. It is thus vitally important that we continue to support proven mental health programs that give these individuals the tools and resources they need to stay healthy and remain in their homes and communities. Cutting these programs will result in thousands of New Yorkers being denied these critical services.

COVID-19 Patient Success Story

Queens Mobile Crisis Team

The Mobile Crisis Teams have been mostly able to conduct assessments virtually, but in the case of Brian (not his real name), we were unable to. Brian was referred by his family as he had a history of manic and psychotic symptoms that led to several in-patient admissions. Moreover, he never engaged in outpatient treatment following any of these admissions. Recently, Brian had been expressing the belief that people were following him and trying to hurt him. He had a history of getting physically aggressive

with his mother, having hit her in the past. When the team spoke to the mother she expressed concern that he was threatening to become more aggressive and she feared that if she called 911, he would escape the home by fleeing out the window as he had done in the past. She was certain he would not speak with the team by phone. The team arranged to meet the mother in the home in order to assess Brian. Armed with masks, gloves and hand-sanitizer, the team successfully conducted the home visit with Brian and his mother and as a result of this assessment, he was transported to a local psychiatric emergency room where he was further evaluated and subsequently admitted. The team also provided the mother with local domestic violence resources to assist in ensuring her own safety at home. Mobile crisis always navigates each case with staff safety and client well-being as priorities and due to the pandemic, safety has become an even more complicated issue.

Bronx HBCI

In April, the Bronx HBCI program enrolled Alice (not her real name), a 13-year-old Dominican-American female, who was experiencing mild to moderate depressive symptoms, chronic parent-child conflict, and suicidal ideation. Alice had a diagnosis of Unspecified Depressive Disorder with no psychotropic medication prescribed and a number of hospitalizations due to aggressive behaviors. She had a history of being physically aggressive and disrespectful towards her mother. Once the shelter in place order was announced, Alice was quarantined with her family which caused family conflict to intensify. After enrollment in the HBCI program, Alice and her mother became very engaged with our staff, participating in telemental health sessions for six weeks. The social work assistant who was assigned to the case assisted Alice with improving overall mood by boosting her confidence and building self-esteem/positive self-image. This was achieved by increasing and practicing anger management; working with the whole family around learning and using conflict resolution skills; providing information about self-care; establishing family rules and ideas for family game night. Alice continues to use the tools that the HBCI social work assistant provided and is now receiving mental health services from the Child and Adolescent Outpatient Clinic at Montefiore Medical Center.

Conclusion

COVID has made access to behavioral health services even more important than ever. It would be detrimental to the health of New Yorkers to have these services cut at a time when our city is dealing with the emotional and physical scars left by this healthcare crisis.

Thank you again for holding this important hearing, and for protecting these services. VNSNY looks forward to continuing to work with the Council and if you wish to learn more about our programs please do not hesitate to contact our Vice President of Government Affairs at Dan.Lowenstein@vnsny.org or (212) 609-1514 – otherwise I am available to answer any immediate questions.

Testimony Submitted to the New York City Council Committee on Mental Health, Disabilities, and Addiction

Oversight Hearing: Increased Drug Overdose, Depression and Anxiety During COVID-19
Int. 2005-2020: Reporting on the mental health of New Yorkers during the COVID-19 public health crisis

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

September 22, 2020

Thank you for this opportunity to provide testimony today. 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 is a 75-year-old 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 solutions.

I would like to thank Chair Ayala and all the members of the Committee for holding this important hearing on increased drug overdose, depression, and anxiety during COVID-19.

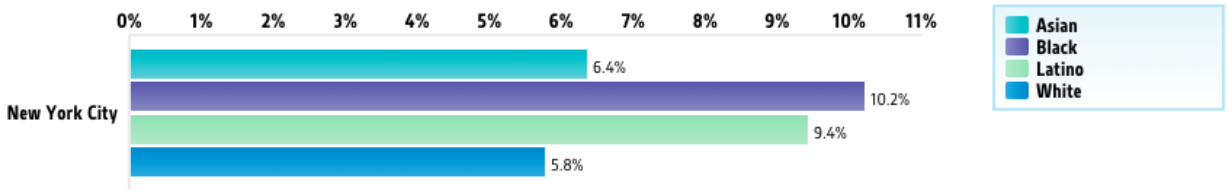
Even Prior to COVID-19, Children Lacked Access to Adequate Behavioral Health Services

As our city, state, and country continue to grapple with how to help families recover from this crisis, we must not overlook the impact of COVID-19 on children's behavioral health. Without adequate support for children struggling with mental health concerns and substance use disorders, too many children will face the long-term impacts of unmet behavioral health needs.

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.[i] Between 2007 and 2018, New York has seen a 44% increase in the suicide rate of young people age 10 to 24.[ii]

In New York City in 2019, 36% of high school students reported feeling sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities.[iii] 9.2% of high school students report that they attempted suicide one or more times in the past year. These rates are significantly higher for black and Latino students.[iv] NYC data also indicates that lesbian, gay, bisexual, transgender, and questioning youth (LGBTQ) are more likely to report depressive symptoms, suicidal ideation, suicide attempts, and non-suicidal self-injury than non-LGBTQ youth.[v]

Percentage of High School Students Who Reported Attempting Suicide One or More Times in the Past 12 months (2019)



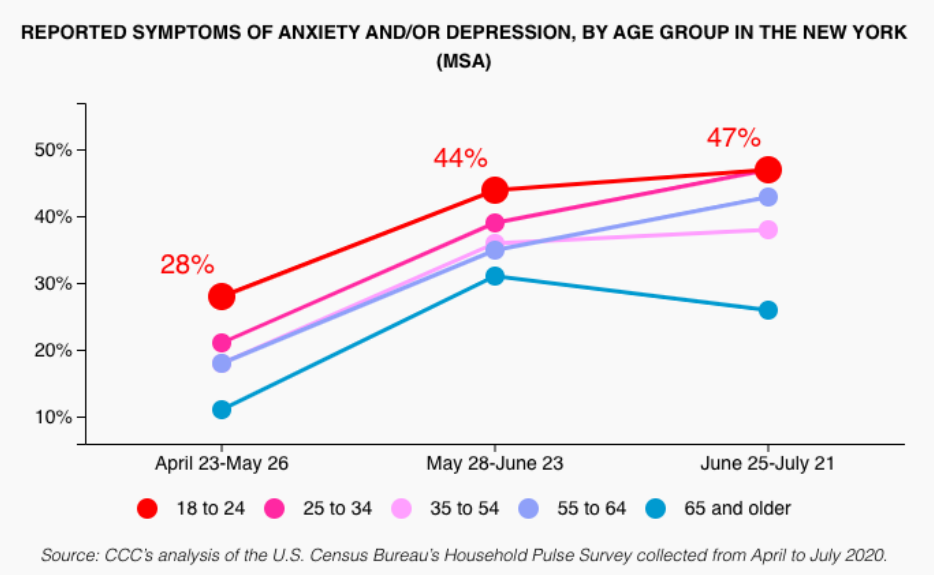
The causes of suicide are complex, and addressing suicide and suicidal behavior requires a multi-faceted, multi-system approach that recognizes not just the need for better mental health and substance use supports, but also the social and economic factors and systems that disparately impact marginalized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

Often, the behavioral health challenges children face are exacerbated when the institutions that are intended to protect them instead reinforce racism and other inequities in their responses to children's needs. For instance, in the previous school year, there were 3,438 instances in schools where students "displaying signs of emotional distress" were removed from the classroom and taken to the hospital for a psychological evaluation. Nearly 9% of these incidents involved the use of handcuffs. Black and Latinx students accounted for 87% of child-in-crisis incidents, and 91% of child-in-crisis incidents where handcuffs were used.[vi]

Access to care challenges are also driven by inadequate provider capacity. For example, in New York, there are only two child psychiatrists for every 10,000 children.[vii] This helps explain why 54.5% of children ages 3 through 17 with a diagnosed mental/behavioral condition in New York did not get the treatment they need,[viii] including 55% of young people with major depression.[ix] Families face barriers accessing care regardless of whether they need outpatient care, intensive inpatient services, or community support 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 hotline since mid-March.[x] Census survey data from July 2020 found that 62% of New York residents reported feeling anxious or worried and 55% reported little interest in doing things or feeling down and hopeless at least several days a week.[xi] 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.[xii] 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.[xiii]



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 young people come to hospitals with dangerous psychiatric emergencies, and fear that conditions will only worsen without an adequate response.[xiv]

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.[xv] Additionally, 35% of adolescents who receive any mental health services receive them exclusively from school settings.[xvi]

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. National surveys have shown that the greatest clusters of suicidal thoughts during COVID-19 are among Black and Latino people, essential workers, and unpaid caregivers for adults.[xvii] Studies have also shown the important link between parent and child mental wellbeing, with parents with children much more likely to report multiple hardships and heightened stress.[xviii] Extensive research indicates that household economic hardships can contribute to decreased mental wellbeing and increased rates of certain mental

disorders and suicidal behaviors.[xix] 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.[xx] 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 pandemic.[xxi] 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 direct cash payments – having expired at the end of July. Non-citizens have been almost universally excluded from federal benefits. 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. We also join many city leaders in calling on the State to grant borrowing authority to New York City. 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, 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. Recent city and state cuts to education funding, for instance, have 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.

Importance of Data collection

Int. 2005-2020 – Reporting on the mental health of New Yorkers during the COVID-19 public health crisis

CCC strongly supports efforts to collect additional data on the behavioral health needs of New Yorkers, and thanks Council Member Louis for her attention to this issue in *Int. 2005-2020*. This bill would require additional reporting on the mental health of New Yorkers during the COVID-19 public health crisis. Though we strongly support the intent of this bill, we would like to offer the following considerations and recommendations regarding the bill.

We are concerned that the responsibility of additional data collection could inadvertently overburden providers who are already struggling to meet behavioral health needs in the face of COVID-19 and budget cuts. We also want to acknowledge that not all mental health and substance use needs are identified through formal diagnosis. Unfortunately, too many young people still struggle with unidentified or undiagnosed behavioral health needs, and not all behavioral health needs manifest through a diagnosis. We are concerned that a focus on formal diagnosis could leave some young people behind.

Given the burden data collection like this could have on providers and DOHMH, we feel resources would be better invested in enhancing public education on what behavioral health resources are available, helping families navigate and connect to services, and identifying where there may be provider shortages in key areas. Understanding the scope of the need is only one side of the coin; we must also understand the city's capacity to serve those with mental health or substance use needs. Without this information, it will remain challenging to understand who is being left behind. Strengthening service connections would have a long-term positive impact for young people, given that the behavioral health needs of children were significant prior to this pandemic and will continue to be urgent after the official emergency period of this pandemic is over.

Oversight Recommendations

As the City Council and the Mayor consider how to address the challenges of COVID-19, we offer the following recommendations:

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. CCC joins many city leaders in calling on the state to identify revenue raisers and grant the city borrowing authority.

   However, even without these measures from the state, New York City cannot afford to be short-sighted by scaling back on existing services. This includes budget cuts to schools and school-

based behavioral health resources. Cuts to community schools – coupled with the threat of state education withholdings and other funding threats – have already risked NYC schools scaling back on their behavioral health offerings.[xxii] The Mayor recently released his Bridge to School plan, which includes important guidance for equipping school staff with trauma-informed training and resources. However, the goals of this plan cannot be achieved if the city continues to cut back on the very services and supports that are necessary to ensure the mental health and wellbeing of the youngest New Yorkers and their families.

To strengthen behavioral supports for students, NYC must start by reversing cuts to community schools and funding contracts that provide mental health services. Targeted investments are also needed in children's behavioral health services, as well as in the foundations of recovery and promotion of wellbeing – housing, nutrition, financial assistance, unemployment insurance – that support family and household stability and protect children from the stressors that can drive poor mental health.

2. **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. The newly proposed Bridge to School plan provides valuable resources to help equip school staff with trauma-informed training and resources and a framework of trauma-informed care for schools to follow. However, with over one million students in NYC, New York schools will require more detailed guidance and much greater investments to truly meet the growing needs of students.

   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 and the proposed Mental Health Continuum in New York City.[xxiii]

   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.

3. **Reject 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. Many students are facing new traumas, and will continue struggling to adapt to both in-person and remote learning in this new landscape. Schools cannot respond with unnecessarily punitive responses such as suspensions, expulsion, and involvement of emergency services or the police that disproportionately impact students with disabilities, LGBTQ students, students from low-income households, and students of color. Schools and staff must be given the training and resources they need to respond with developmentally appropriate interventions, such as healing circles and restorative practices. We also join many state partners in calling on New York City and New York State 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.

4. **Ensure equitable access to telehealth services and close the digital divide.** Given that telehealth services will remain a critical component of behavioral health care delivery going forward, it is more important than ever to ensure that all families have the ability to connect to needed services. Just under one in six households across the city reported no means of accessing the internet in 2018 – that is, no dial-up, broadband, satellite, or cellular data plans.[xxiv] DOE has made important strides in supplying students with devices, but we are still aware of students who lack internet connectivity or an appropriate device, and who struggle to connect to services remotely.

   We must also acknowledge the potential role of telehealth in exacerbating inequities in healthcare access. 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.

   The DOE and DOHMH must work together to ensure that every family is able to connect remotely to the educational, healthcare, and social services they need, and both the city and the state must invest in securing high quality internet access for all families. At the same time, our city's healthcare system must continue to prioritize the needs of children and families and above all respect their choices regarding how they want services delivered.

Thank you for your consideration, and for your commitment to the wellbeing of children and families in New York.

[i] 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

[ii] 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

[iii] Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey Data. https://yrbs-explorer.services.cdc.gov/#/tables?questionCode=H25&topicCode=C01&year=2019

[iv] Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey Data (1999-2019). Analyzed by Citizens' Committee for Children. https://data.cccnewyork.org/data/bar/1390/youth-attempted-suicide#1393/392,400/1/1652/62

[v] NYC Department of Health. "Epi Data Brief: Stressors, Mental Health, and Sources of Support among LGBTQ Public High School Students in New York City." September 2017. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief93.pdf

[vi] New York Civil Liberties Union. "Student Safety Act Reporting 2019." https://www.nyclu.org/sites/default/files/ssa_2019_full_year.pdf

[vii] McBain, Ryan et al. "Growth and Distribution of Child Psychiatrists in the United States: 2007-2016." *Pediatrics*. November 2019.

[viii] Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved from www.childhealthdata.org.

[ix] CAHMI: www.cahmi.org.; Mental Health America. "Mental Health in America – Access to Care Data: Access to Care Rankings 2020." https://www.mhanational.org/issues/mental-health-america-access-care-data

[x] Kessler, Carson. "Black Mental Health Specialists Weathering Waves of Trauma in Community." *The City*. July 16, 2020. https://www.thecity.nyc/2020/7/16/21327408/black-mental-health-specialists-weathering-waves-of-trauma

[xi] Musulin, Kristin. "COVID-19 is amplifying anxiety, depression in largest US metro areas." *SmartCities Dive.* July 20, 2020. https://www.smartcitiesdive.com/news/covid-19-is-amplifying-anxiety-depression-in-largest-us-metro-areas/581845/

[xii] CCC's analysis of the U.S. Census Bureau's Household Pulse Survey collected from April to July 2020.

[xiii] Czeisler, Mark et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020." CDC Morbidity and Mortality Weekly Report. August 14, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

[xiv] Kramer, Abigail. "Kids and COVID-19: A Mental Health Crisis Looms." The New School Center for New York City Affairs. June 9, 2020. http://www.centernyc.org/news-center/2020/6/9/kids-and-covid-19-a-mental-health-crisis-looms

[xv] Lipari, Rachel. "Adolescent Mental Health Service Use and Reasons for Using Services in Specialty, Educational, and General Medical Settings." The CBHSQ Report. May 5, 2016. https://www.ncbi.nlm.nih.gov/books/NBK362074/

[xvi] Ali, Mir M. et al. "Utilization of Mental Health Services in Educational Settings by Adolescents in the United States." *Journal of School Health.* March 18, 2019. https://onlinelibrary.wiley.com/doi/abs/10.1111/josh.12753

[xvii] Centers for Disease Control and Prevention. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020." August 14, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

[xviii] Gassman-Pines, Anna. "COVID-19 and Parent-Child Psychological Well-being." *Pediatrics*. September 2020. https://pediatrics.aappublications.org/content/early/2020/08/31/peds.2020-007294

[xix] Golberstein, Ezra et al. "Economic Conditions and Children's Mental Health Working Paper." National Bureau of Economic Research. July 2016.

[xx] NYU McSilver Institute. "Study: Self-Reported Suicide Attempts Rising in Black Teens as Other Groups Decline." October 14, 2019.

[xxi] Kessler, Carson. "Black Mental Health Specialists Weathering Waves of Trauma in Community." *The City*. July 16, 2020. https://www.thecity.nyc/2020/7/16/21327408/black-mental-health-specialists-weathering-waves-of-trauma

[xxii] Kramer, Abigail. "Despite COVID-19's Emotional Traumas, Student Mental Health Services Dry Up." Center for New York City Affairs. September 15, 2020. http://www.centernyc.org/news-center/2020/9/15/despite-covid-19s-emotional-traumas-student-mental-health-services-dry-up

[xxiii] https://www.legalservicesnyc.org/storage/PDFs/community%20roadmap%20to%20bring%20healing-centered%20schools%20to%20the%20bronx.pdf; https://www1.nyc.gov/assets/sclt/downloads/pdf/SCLT_Report_7-21-16.pdf

[xxiv] Citizens' Committee for Children. "NYC's Digital Divide: 500K Households Have No Internet Access When it Is More Important Than Ever." April 24, 2020. https://www.cccnewyork.org/blog/new-york-citys-digital-divide-500000-nyc-households-have-no-internet-access-when-it-is-more-important-than-ever-before/