

Families Together in New York State (FTNYS) is a statewide network that represents, supports and advocates for youth and family voice in policy and systems change to ensure an equitable and inclusive journey that fosters belonging, wellness, and empowerment for all.

After years of neglect, Families Together in New York State recognizes and appreciates the considerable attention paid to the needs of children and families by Governor Hochul's Executive Budget proposal. We are energized to see a Governor who seems so intent to champion a new and just direction for the state.

Access to child care, housing and education are critical social determinants of health and long-overdue for investment and systemic change. And she is right: New York desperately needs to fix the mental health continuum. Children's behavioral health needs are soaring in our homes, schools and communities while decades of disinvestment has demoralized the workforce and dwindled its capacity to meet those needs. **New Yorkers desperately need a workforce, not months-long waitlists for services.**

Two crises, one Continuum: Rising Demand and Eroding Capacity

For many years now, our focus has been on the concurrent crises of soaring children's behavioral health needs unfolding in our homes, schools and communities alongside an eroding workforce capacity to meet those needs that together is resulting in months-long waitlists for services- and children families falling through the cracks.

First, the growing need for behavioral health among children is well documented.

- In 2021, the U.S. Surgeon General issued an advisory warning of a youth mental emergency and recently renewed those calls in 2022.
- In the fall of 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and Children's Hospital Association all jointly declared a national emergency in child and adolescent mental health.
- Importantly, both groups were clear that COVID sharply exacerbated an existing problem.

The probable causes of this growing crisis vary widely and many of these trends are both national and global. All of New York's children and families have experienced great adversity and disruption from multiple sources, but structural inequities have disproportionately impacted children from communities of color.

Unfortunately, our system is unprepared to meet this growing need. At the center of this capacity crisis are decades of chronic disinvestment through deferred Cost of Living

Adjustments for behavioral health agencies, low reimbursement rates for home and community-based services, while simultaneously downsizing beds for children and adolescents.

Time moves faster for developing minds and “white-knuckling” through adolescence means growing up under constant duress that can stall healthy growth and development. Yet, families and young people in our statewide network report 3 to 8 month waitlists for all manner of services.

Related, staff turnover is as high as 40% in some programs. Developing a trusting therapeutic relationship can take a long time, and severing that relationship can be devastating for anyone, but especially for adolescents. Unfortunately, this isn’t just common, but expected, and often cited as a barrier to young people engaging in services.

Furthermore, due to the lack of community-based services, some children’s conditions escalate to emergency rooms and hospitalization but to the lack of availability of beds and without community alternatives, they wait months in hospitals awaiting a more appropriate setting to become available. Again. **New York’s families need a workforce, not waitlists.**

We need to Put Children and Families First.

To meet the growing need of children and their families, New York State must reverse these trends by investing deeply into the children's behavioral health continuum with a special emphasis on upstream, community-based programs that are meant to serve as alternatives to out of home placements like inpatient and residential programs but were never appropriately invested in- as well as rebuilding bed capacity for adolescents that have unfortunately dipped too low and spread unevenly across the state.

Like many other advocates, we also welcome Governor Hochul’s proposed investments toward inpatient and outpatient behavioral health capacity. However, we stop short of praise due to the uncertainty around how much of these investments will go toward children and adolescents. **To that end, we call for at least 50% of these investments to go towards treatment and support geared specifically toward children and families.**

Furthermore, we’d like to see specific investments and reforms such as:

- **At least \$5.5M in flexible state funding for the Family and Youth Peer Support services outside of Medicaid**
- **Permanent, annualized and cost-reflective rate enhancements for Medicaid-billable services** such as Children and Family Treatment and Support Services CFTSS which includes Family and Youth Peer Support Services as well as Home and Community Based Services (HCBS)

- **Requirements for commercial services to cover CFTSS services at least at Medicaid APG rates;**
- **A full 8.5% Cost of Living Adjustment for Human Service agencies** as well as an additional \$500M to make up for over a decade of deferments;
- **Robust investments in universal school-wide mental programming** including family and youth peer advocates to help with CSE and suspension hearing advocacy, parent and youth skill-building, social connection, and student peer mentorship.
- **Pass the Solutions, Not Suspension Act** to support alternatives to exclusionary and punitive school discipline that disconnect students from the school community.

In addition, to the extent that the Executive Budget proposal commits investments that focus on children and family behavioral health, we are grateful and support these commitments which include:

- \$12 million in the HealthySteps program and Home Based Crisis Intervention Teams,
- \$10 million in grants for suicide prevention programs for youth,
- \$30 million to develop school-based clinics,
- \$5 million to expand high-fidelity wrap-around supports.
- Enhancement to insurance coverage, enforcement of behavioral health parity, support for the behavioral health ombudsmans, creation of an ombudsman for developmental disabilities and private citizens right to action to sue insurance companies.

Lastly, we appreciate the following investments made to key social determinants of health such as child care, education, and housing. We encourage the legislature to center child and family wellbeing as an additional strategy to reduce adverse childhood experiences and poverty, including the following:

- **Support the Governor's child care proposals** to raise income eligibility for child care assistance, streamlining applications processes to access assistance, and ensure that investments in the child care workforce raise median child care worker pay by at least \$12,500 per year.
- **Support the Governor's historic proposal to fully fund the foundation aid school formula** and expand investments in school-based mental health programming.
- **Advance progress toward Poverty Reduction Act mandate to reduce child poverty by 50% in the next 10 years by expanding the state child tax credit** to cover families of a young children ages 0 to 4, remove phase-ins for families with incomes under \$10,000, and increase the credit families receive per child to \$1000.
- **Create a \$28M Child and Family Well-Being Fund** to cultivate the social fabric of zipcodes most impacted by child protective services and invest in the assets communities identify as helpful and trusted.