

# Kids' Mental Health, by the Numbers.

By Abigail Kramer

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# ACKNOWLEDGMENTS

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# INTRODUCTION

**A** decade ago, New York State promised to fix its broken system of care for kids with mental health problems. By many measures, things have only gotten worse.

As part of its Medicaid redesign plan, the State committed to rolling out new, community-based mental health programs to hundreds of thousands of children on Medicaid. The new services were to be paid for, in part, by a shifting of funds: Under the State's Transformation Plan, New York would shut down inpatient beds for young people in psychiatric crisis, reinvesting dollars into community-based services designed to catch problems early and help sick kids stay safe at home.

New York has followed through on one part of the plan: In the seven years following the announcement of the Medicaid redesign program, the average number of Medicaid-enrolled kids in inpatient psychiatric beds each day fell by more than 25 percent, from nearly 1,600 kids in 2012 to fewer than 1,200 in 2019.

The promised, massive expansion of community-based services, however, is nowhere to be found. As young people struggle with ongoing fallout from the Covid pandemic, doctors and frustrated parents say that – if anything – the system is more inundated than ever with sick children and adolescents who cannot find the mental health care to which they are, in theory, entitled by law.

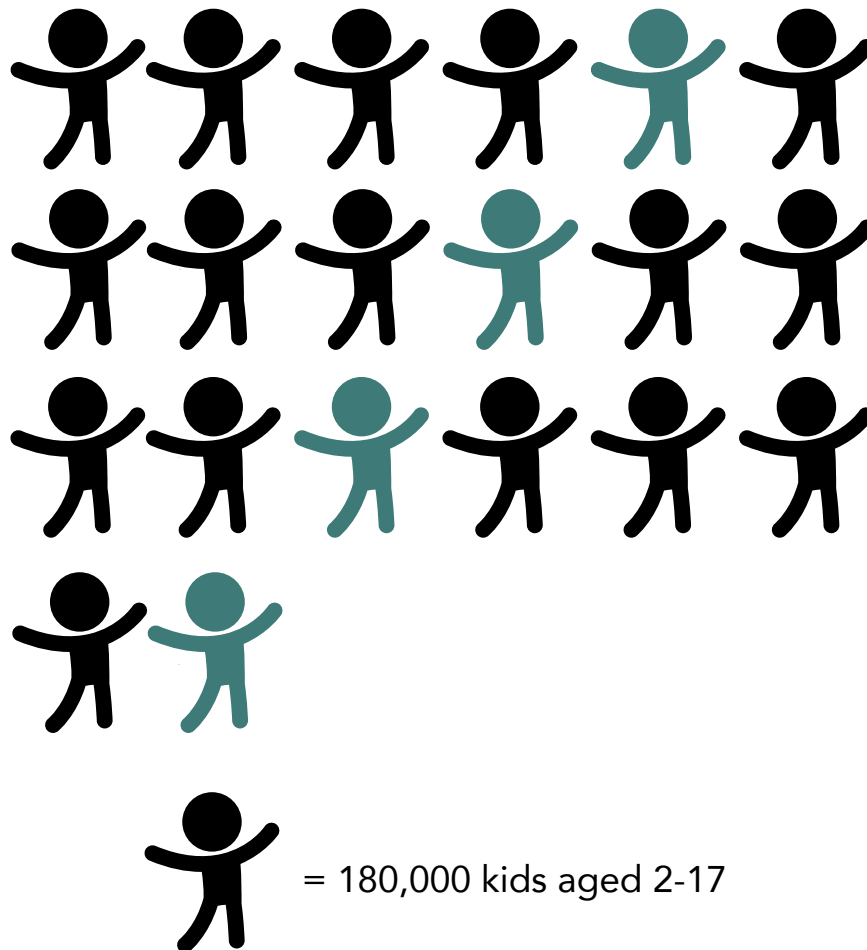
The following charts draw from various published data sets, offering snapshots of New York State's pediatric mental health system, the kids it is meant to serve, and the things that have – and haven't – changed after a decade of Medicaid reform.

# EVEN BEFORE THE COVID PANDEMIC, NEW YORK KIDS WERE EXPERIENCING A MENTAL HEALTH CRISIS.

Based on federal prevalence estimates, State officials [estimate](#) that one in five children ages 2-17 has one or more emotional, behavioral, or developmental condition while approximately 264,000 New York kids ages 9-17 have a serious emotional disturbance that substantially limits their ability to function.

[Surveys conducted by the federal government](#) indicate that close to half of kids with a mental health condition do not receive treatment or counseling.

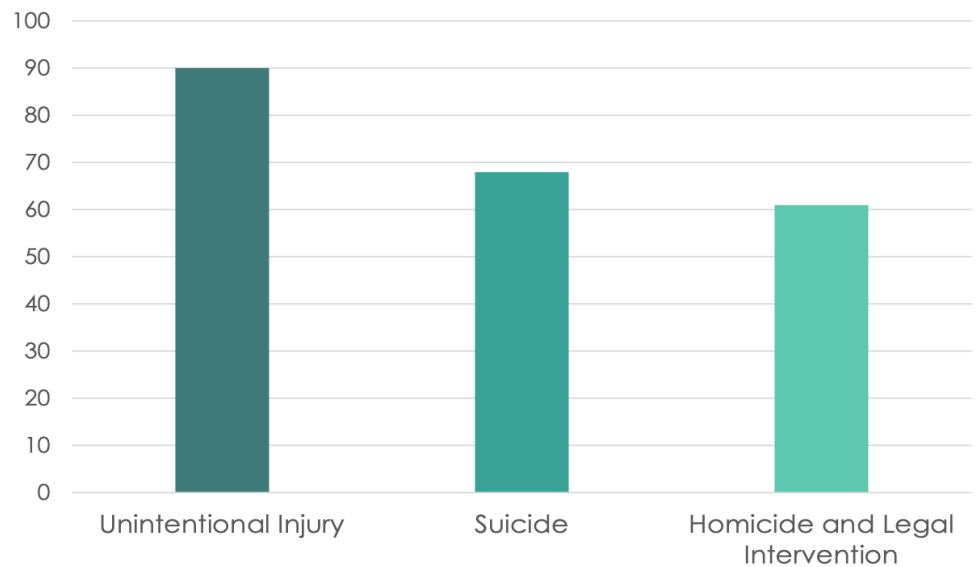
Out of **3.6 MILLION** kids aged 2-17 in New York State, approximately **1 IN 5** children has an **emotional, behavioral or developmental condition.**



Source: [NYSOMH report, 2017](#) and [DOH vital statistics, 2018](#).

# SUICIDE IS THE SECOND-LEADING CAUSE OF DEATH FOR NEW YORK ADOLESCENTS AGES 15-19

Leading Causes of Death Among New Yorkers Aged 15-19, 2018



Source: [NYSDOH "New York State Leading Causes of Death"](#)

## CHRONIC SHORTAGES OF CARE

Under federal and New York State parity laws, insurance companies and Medicaid programs are supposed to offer coverage for mental health and substance use services that is equal to what they provide for other medical care. In other words, it should be just as easy to find and pay for treatment for a child's depression as for her broken leg.

In reality, decades of underinvestment – combined with chronically low reimbursement rates from insurers – have led to a systemwide shortage of mental health care. Young people on Medicaid often wait months for basic treatment, while those with commercial insurance plans may not find an available therapist or psychiatrist in their network at all.

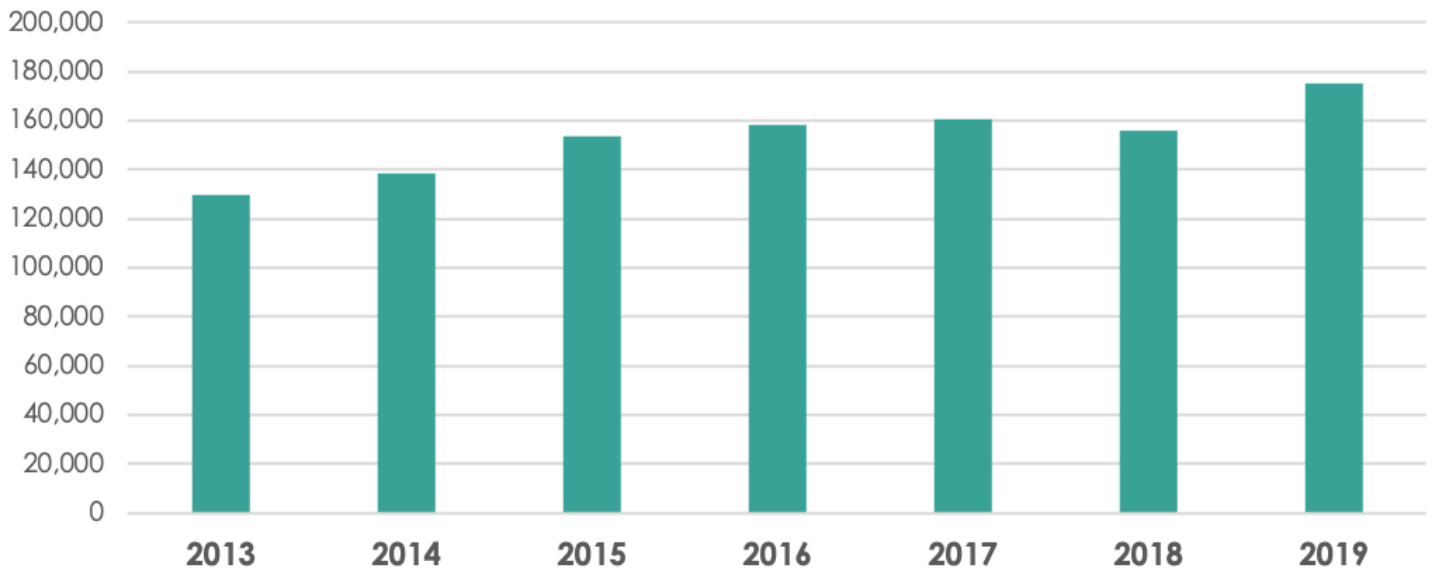
In the past decade, there has been an increase in the number of young people served in outpatient mental health clinics, according to data published by New York State's Office of Mental Health (OMH), though access varies across the state and wait times remain very long.

However, outpatient clinics are often unable to meet the needs of young people whose problems demand more intensive treatment than a weekly session of therapy – for example, kids who are chronically suicidal or aggressive, or who live in families with complex, multi-generational mental health challenges.

Slots in "specialty outpatient" programs, which offer intensive, daily treatment for young people at high risk of winding up in a hospital bed, have decreased by nearly 20 percent since 2014. In 2019 (the most recent year for which this data is published) there were fewer than 3,000 slots in day treatment, partial hospitalization, and intensive outpatient programs across the state.

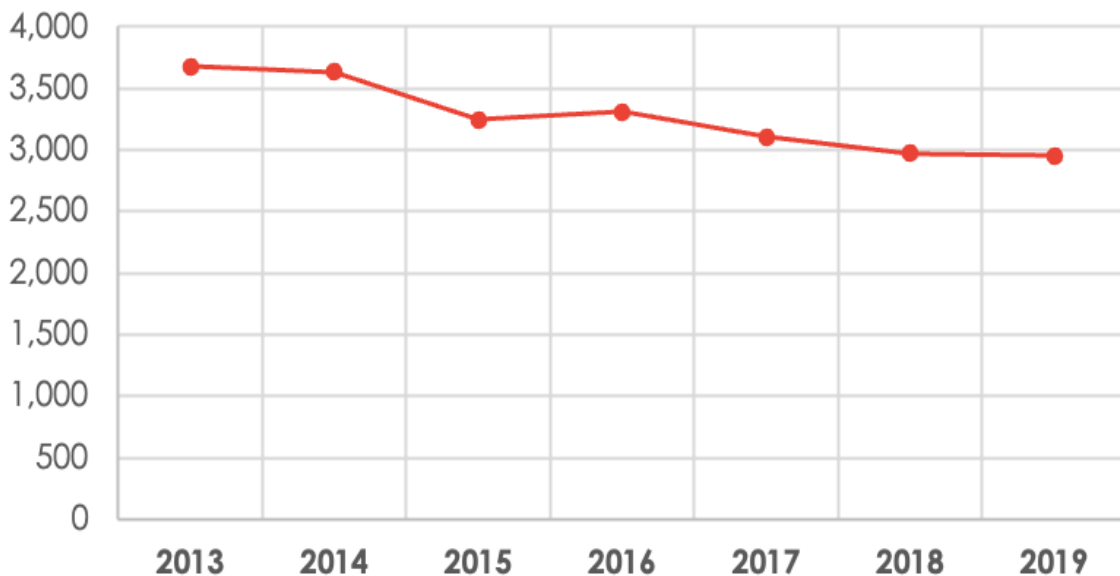
# TREATMENT SHORTAGES ARE ESPECIALLY SEVERE FOR KIDS WHO NEED INTENSIVE OUTPATIENT CARE.

## KIDS SERVED IN OUTPATIENT CLINICS



Source: [NYSOMH County Planning Profile](#)

## SLOTS IN SPECIALTY OUTPATIENT CLINICS\*



\*Specialty outpatient clinics offer intensive, therapeutic programs, including partial hospitalization, Intensive Psychiatric Rehabilitation Treatment, and day treatment.

Source: [NYSOMH County Planning Profiles](#)

# CYCLING THROUGH HOSPITALS

In 2019,

**35%**

of young people discharged from a psychiatric stay at a general hospital in New York State ended up back in an emergency room within

**90 DAYS**

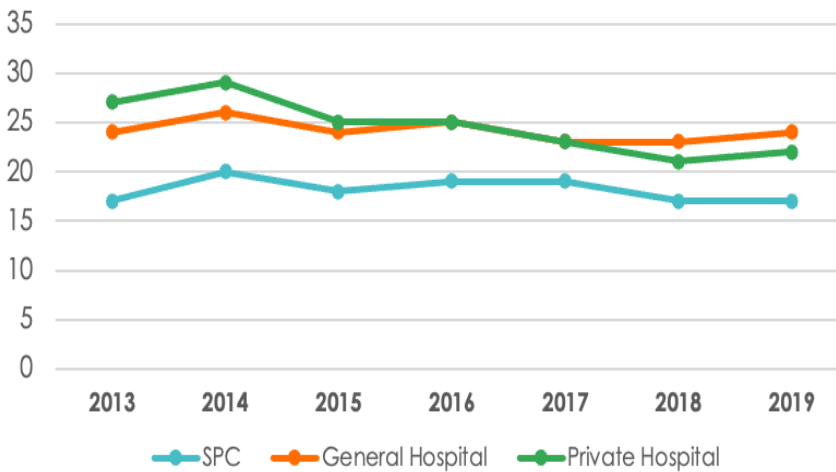
Nearly

**25%**

landed back in an inpatient bed

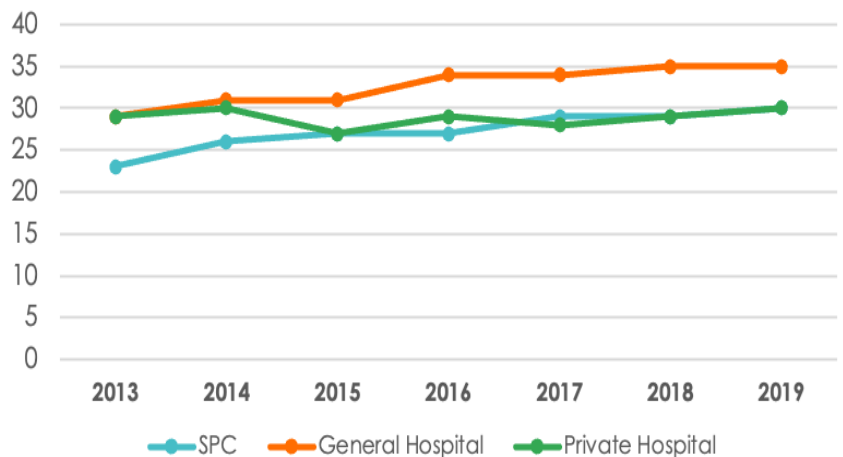
Without access to adequate outpatient care, kids in crisis frequently end up in hospital emergency departments, many of which are ill-equipped to meet their needs. If a child is deemed a danger to themselves or others, they will be admitted to a hospital bed. Typically, they stay just long enough to be stabilized and are then sent home – often to rejoin the same waitlists they were on before the crisis. The result is that very sick kids often cycle in and out of emergency rooms and hospital beds.

**Without adequate outpatient care, kids often end up back in emergency rooms and hospital beds within 90 days of being discharged from inpatient psychiatric care.**



**Readmitted to Psychiatric Inpatient Within 90 Days of Discharge (%)**

**Psychiatric Emergency Department Visits Within 90 Days of Discharge (%)**



Source: [NYSOMH County Planning Profiles](#)

# SHRINKING INPATIENT AND RESIDENTIAL CARE

When former Governor Andrew Cuomo launched his Medicaid reform program, the ambitious premise was that the State could simultaneously improve health care and rein in runaway spending, in large part by shifting resources into community-based health care services that prevent traumatic – and expensive – events like ER visits and hospitalizations.

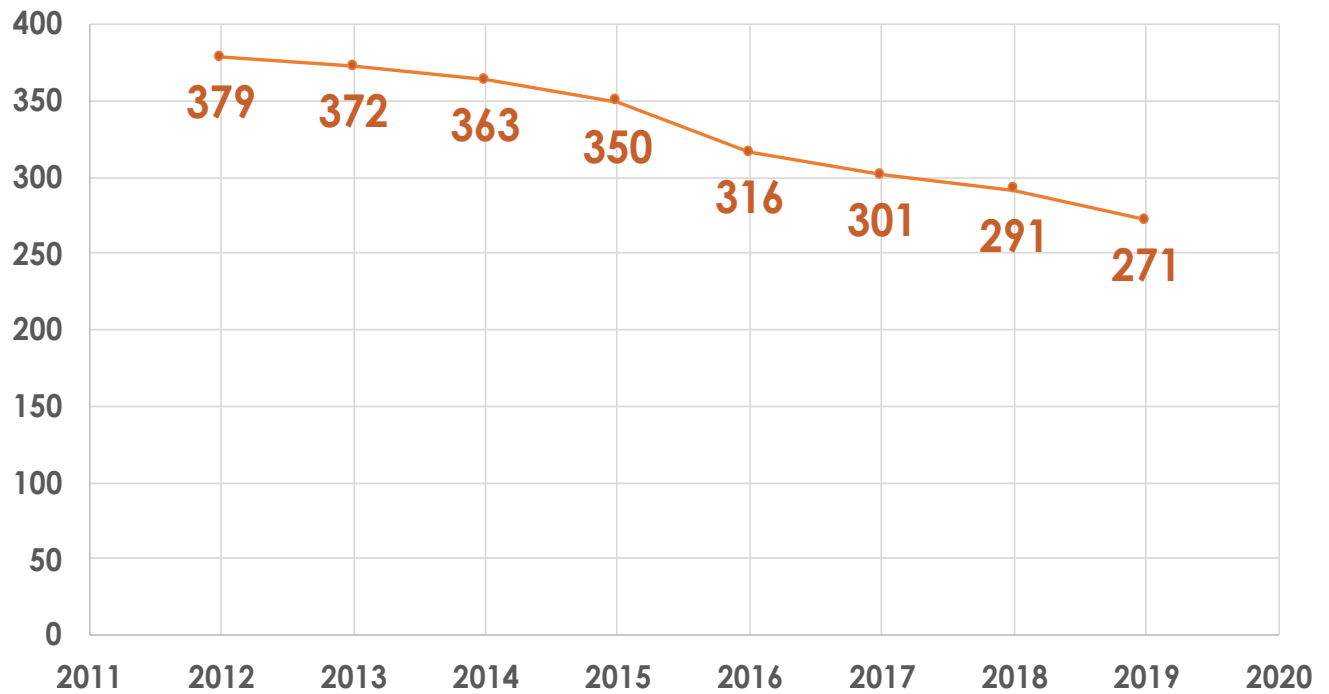
Between 2012 and 2020, New York closed dozens of beds in State-run psychiatric centers for children, while dozens more shut down in Residential Treatment Facilities across the state.

In January 2021, [OMH testified to the State legislature](#) that \$100 million from closed inpatient beds had been reinvested into community-based services, including crisis intervention programs, respite beds for children and adolescents, and supportive housing for adults with mental illness. Reinvestment allowed the State to serve nearly 125,000 new people, according to OMH [testimony](#). However, the agency does not report how many of those dollars were reinvested into services for children and adolescents.

**From 2012 to 2019, the average daily census dopped by more than 25 percent at State Psychiatric Centers for children, and by more than 20 percent at Residential Treatment Facilities.**

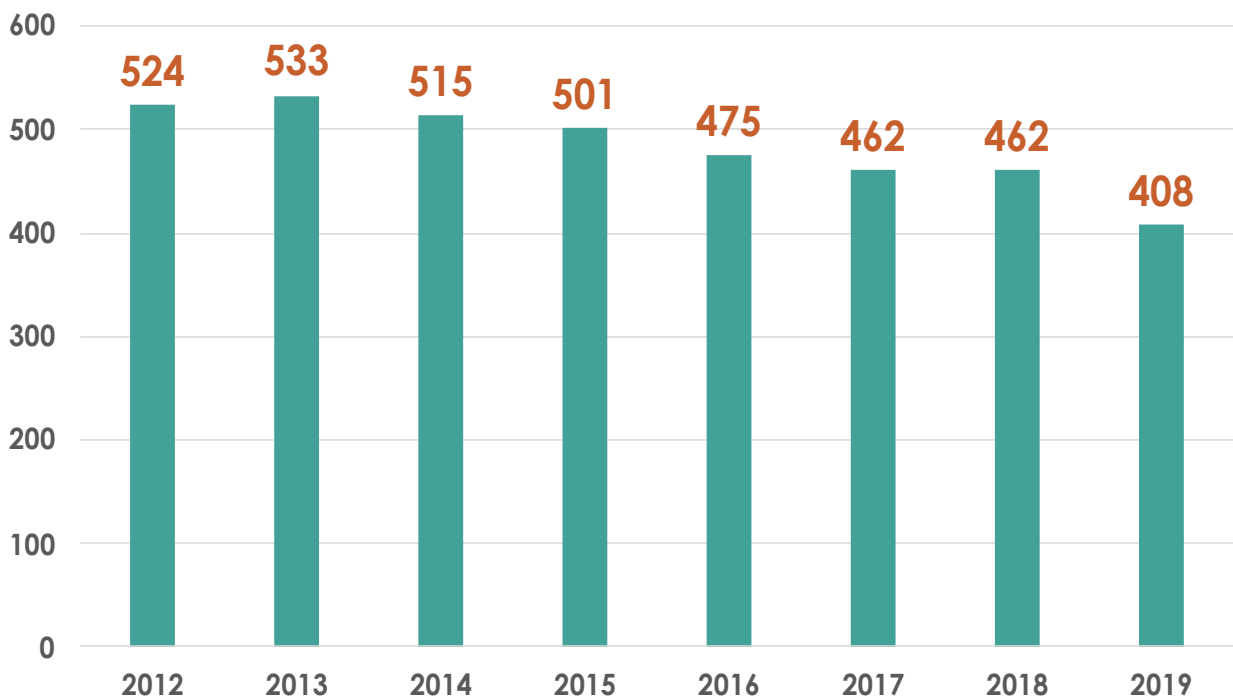


## STATE PSYCHIATRIC CENTER AVERAGE DAILY CENSUS



Source: NYSOMH County Planning Profiles

## RESIDENTIAL TREATMENT FACILITY AVERAGE DAILY CENSUS



Source: NYSOMH County Planning Profiles

# THE MEDICAID REDESIGN PROMISE: NEW SERVICES FOR KIDS

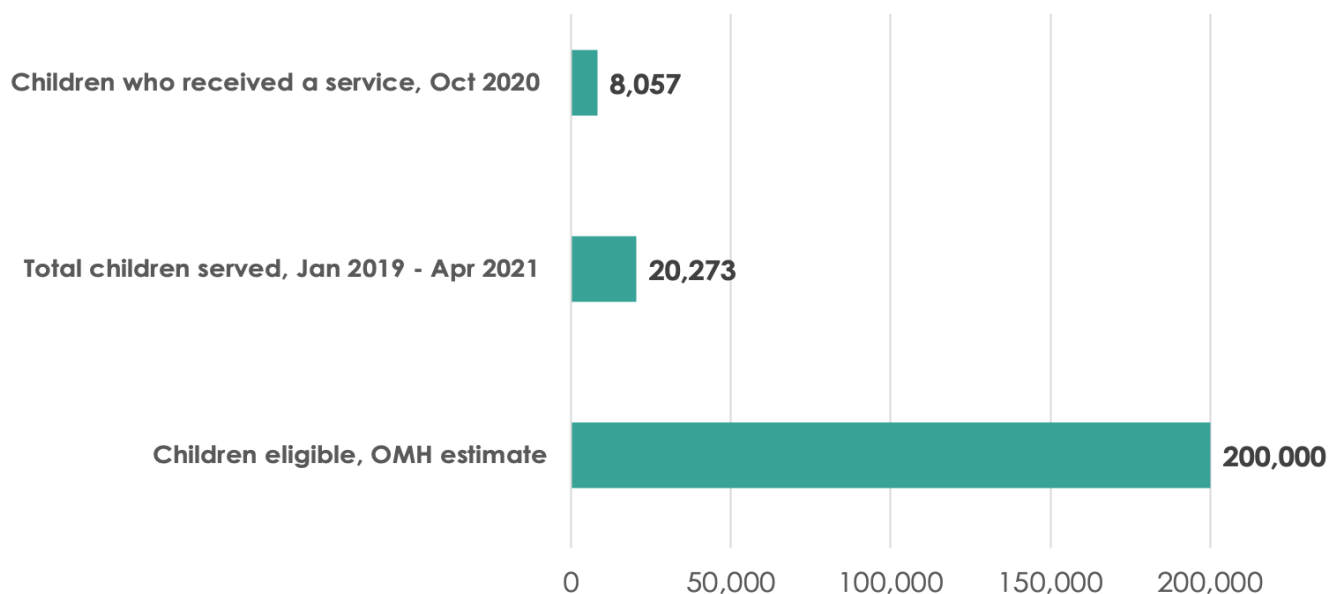
The fundamental promise of Medicaid reform, for kids with mental health problems, was an expansion of community-based treatment. After a many-year delay, the State rolled out two packages of services for children on Medicaid in 2019: A slate of 18 “Home and Community Based Services” (HCBS) were designed to provide intensive wraparound support to kids at very high risk of ending up in hospitals or residential programs, while six new “Children and Family Treatment and Support Services” (CFTSS) were intended for young people with somewhat less intensive needs.

Nonprofit agencies were designated to provide the programs across the state. However, mental health providers and advocates say that the reimbursement rates for programs are so low that provider agencies can’t afford to keep them fully staffed. Dozens of providers have asked to be released from their contracts.

As a result, **the services have reached just a tiny percentage of the kids who should have received them.**

**In 2017, OMH estimated that more than 200,000 children and adolescents on Medicaid would be eligible for its new slate of Children and Family Treatment and Support Services. In October of 2020 (the most recent month for which reliable data has been released), just 8,000 kids received a service through a CFTSS program.**

## CHILDREN AND FAMILY TREATMENT AND SUPPORT SERVICES

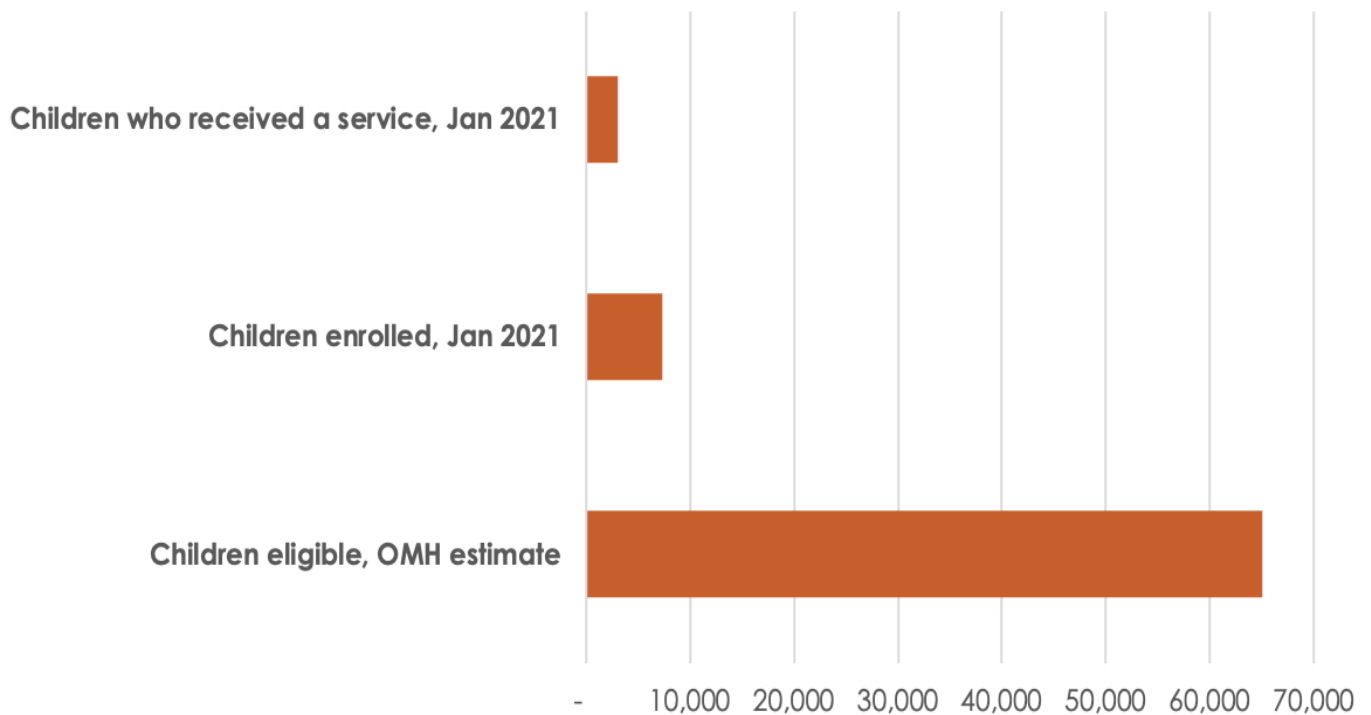


Sources: Multiple data presentations distributed by NYS DOH, OMH, OASAS, OPWDD.

# THE MEDICAID REDESIGN PROMISE: NEW SERVICES FOR KIDS

Similarly, State officials predicted that 65,000 kids would be eligible for its more intensive slate of Home and Community Based Services (HCBS). The highest number of children to receive an HCBS services, in any month reported so far, was 2,130.

## HOME AND COMMUNITY BASED SERVICES



Sources: Multiple data presentations distributed by NYS DOH, OMH, OASAS, OPWDD.

# A STRUCTURAL FIX

The promise of Medicaid reform was hopeful: that children would have access to community-based mental health care designed to keep them from getting so sick that they need acute, high-level care.

In reality, New York State has shut down intensive treatment options without a meaningful expansion of community-based care. Children and adolescents continue to sit on waitlists for services. Mental health providers struggle to keep their programs running. Very sick kids cannot find the outpatient treatment that would allow them to live safely at home. And inpatient and residential beds are increasingly difficult to find.

Between last December's federal stimulus package and the American Rescue Plan, New York State has been allocated close to \$300 million in previously unanticipated funding for mental health and addiction services, with more likely on the way in the form of federal block grants. While those funds can't be used to increase reimbursement rates for Medicaid-billable services, they could be earmarked for projects like building mental health clinics in schools, or to fund services that currently can't be paid for by Medicaid at all, such as intensive, evidence-based programs designed for families with multi-generational mental health challenges.

Advocates for kids are calling for the governor and State legislators to allocate half of current and future behavioral health funds to children and families. New York State's mental health system, they say, was inadequate to meet the needs of children and adolescents before Covid arrived. Without a meaningful overhaul of the system, a preexisting crisis may well become a disaster.