

Westchester Children's Association
The State of Children and Youth Mental
Health
Report on 2023 Roundtable
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Westchester Children's Association: The State of Children and Youth Mental Health: 2023 Roundtable

Presented by Westchester Children's Association in Partnership with Morgan Stanley
March 7, 2023

Attendees:

Allison Lake – Westchester Children's Association, Andrea Ruggiero – Open Door Family Medical Centers, Angel Gray – Westchester Children's Association, Ann Narcisse – Putnam Northern Westchester BOCE, Barbara Alammari- Mt. Vernon Neighborhood Health Center, Caitlin Leon – Westchester Jewish Community Services, Christian Templeman – Morgan Stanley, Clecy Cesario- Mt. Vernon Neighborhood Health Center, Corine Lurry-Mabin – Andrus, Diane Rosenthal – Student Advocacy, Gabriella Nanna – Westchester Children's Association, Glenda Bryan – Westchester County Department of Social Services, Idalia Mendez – School Social Worker, Jonathan Morgenstern – The Guidance Center, Katrina Mosley- Westchester County Department of Probation, Kerry Megley – Family Ties, Laura Caruso – Pelham Together, Marie Considine NAMI Westchester, Michelle Bethencourt-Garcia Westchester County Department of Social Services, Michelle Memoli – New York Wellness Psychotherapy Services, Pat White - Westchester County Department of Community Mental Health, Paula Santa- Donato –Mental Health Consultant, Sadika Clarke – Southern Westchester BOCES, Shannon Ghramm-Smith – Andrus, Shayla Aguilar – Westchester County Department of Community Mental Health, Susan Weisman – Westchester County Youth Bureau

Prevalent Diagnosis and Trends:

- Increased number of youth are presenting with anxiety and depression
- Increase in 'risky behaviors' and maladaptive coping mechanisms
- Increase binge drinking specifically young girls
- Increase use of edibles
- Increase in bullying
- Increase in younger children seeking services for Gender Identify
- Increase referrals to support groups after Hotline calls
- Increase referrals for neuro-psych testing and evaluations
1100% increase from last year – 5 to 55
- Increase in requests for Student Advocacy – at a younger age (Pre-K and K)
Elementary students currently 50% of population served
- Increase in school suspensions – as young as 1st and 2nd grade
- Increase in referrals to organizations and agencies across the board
- Increase in parents/families being overwhelmed and 'stressed'
- Increase need to identify parental diagnosis, support parental/family stressors
- Increase in domestic violence

Key Challenges:

- Workforce attraction and retention
- Funding - sufficient mental health insurance payments and federal insurance parity
- Serving the uninsured and underinsured
- Data collection – how to consolidate/create a database with appropriate and agreed upon indicators
- How to track impact of services/define ‘successful’ intervention
- Limited program capacity
- Unknown long-term impact of pandemic on children, youth and their families
- Stress of parents and families (whether trauma, undiagnosed mental disorder, or other issues – food insecurity, housing, poverty, etc.)
- How to maintain programming and staff after COVID funding ends
- Need for longer term funding sources – at least 3-5 years
- Significant lag time in receiving funds – sometimes well after grant has ended and services have been provided

Detailed Notes

Staffing/Access:

There is an extreme shortage of clinicians and a significant need for trained staff to meet that need - all agencies have openings. All agencies are struggling to hire and retain staff. The low reimbursement rate simply cannot cover the cost of staff that are already underpaid; let alone hire and attract new staff. This shortage does not allow staff the time to supervise interns – thereby further reducing available staff to serve clients.

An additional challenge is finding bi-lingual/culturally competent clinicians – to serve both the children/youth and to communicate with and/or support parents of students in need.

As one psychologist put it: ‘Access to mental health treatment has long been an issue in Westchester County and that has worsened over the last 3 years as a consequence of more youth evidencing need and there being an major workforce shortages. These challenges are most acute for youth covered by Medicaid and are worse for youth covered by commercial insurance. Failure by the state to adequately enforce parity for behavioral health with commercial insurance companies is a major contributor. Another contributor is the fact that Medicaid reimbursement rates have failed to keep pace with increases in the cost of living over the past 20 years and so Medicaid rates are too low to meet salary demands too. As a consequence, people are not entering the behavioral health profession and organizations cannot staff to meet the increased demands for care.’

Two agencies stated that they stopped creating a waitlist. If an appointment is not available within a few weeks, admitting staff offers a variety of resources to individual and ask they call back in a few weeks if these resources do not work out.

Schools:

SWBOCES noted that they have had an increase in requests for training for teachers – specifically regarding: Trauma, Trauma Informed Care, Suicide and Risk Assessment, DEI,

identifying and supporting youth with mental health challenges and restorative justice practices. The question arose- how to support teachers who are stressed themselves and are also concerned about students?

In addition to the consensus that children and youth are exhibiting increases in anxiety and depression, several providers echoed the increase in risk taking behaviors, maladaptive coping skills, suicide attempts and ideation and domestic violence. Moreover, students are struggling with re-integration, poor social skills and the negative impacts of social media- including but not limited to bullying, sexting, racism, and world events.

Student Advocacy stated that their phone is 'ringing off the hook' and they too do not have enough lawyers to handle all the cases. A disturbing trend was the increase in calls for younger children – Pre-K and K. Elementary students now account for 50% of the population they serve. Despite the extensive work they have done with 'Solutions Not Suspensions', they have seen a significant uptick in suspensions, particularly at the 1st and 2nd grade level. (This is linked to others discussing 'poor re-integration skills')

PNWBOCES noted a startling increase in neuro-psych evaluations. Last year at this time, they performed 5 evaluations, this year they have done 55, that is an increase of 1100%

Pelham Together conducts a survey with 8, 10 and 12th graders in the district every 2 years. They began administering in 2005. The community has also seen significant increases in anxiety and depression – particularly with non-binary youth; increase rates of binge drinking among girls and increase use of edibles. Three years ago they would receive 2- 3 requests for referrals per month, they now receive 2-3 per week.

Families:

There is significant need for family support as a result of the impact of COVID. Families are 'stressed' and overwhelmed. Concerns regarding housing, being un-or under insured, lack of service providers, managing their own mental health issues and differentiating between 'typical' adolescent anxiety/depression and severe disorder were all discussed.

As a result of the pandemic, participants discussed the 'broken community connections'. The trauma of parents or close relatives dying due to COVID, immigration threats/concerns, and lack of support systems due to family or friends moving out of neighborhoods all contribute significantly to these broken connections. There was real concern regarding the stress of families. Many voiced that parents and caregivers are overwhelmed and are struggling not only with their own mental health challenges but finding support for their children.

Both Family Ties and DSS have had significant increases in requests for family support. DSS is receiving 6-8 referrals a week for families at risk of having children placed in foster care. And while the number of children in foster care has decreased, the number of referrals for 'preventative care' has increased to over 1,000. This has created a very long waiting list for services. NAMI reports a definite increase in calls to their helpline and that at least 2 calls per week result in individuals being placed in their support groups. Otherwise, they too are struggling to find openings for youth that might need more intensive treatment.

Data:

Providers discussed data and what indicators might be helpful to more concretely identify trends, access gaps in service and highlight need. They all agreed they have data on numbers served and most with demographic information. However, all agreed further conversation is needed regarding how to quantify impact of prevention and how to structure a questionnaire/survey that will provide this information. All agreed a county database would be helpful.

Conversations with providers who were unable to attend echoed everything that was stated at the roundtable. Additionally, it was noted that Medicare only reimburses for an LCSW and/or Psychologist, not an LMSW, which further reduces staff able to see clients and agencies receiving reimbursement. School Counselors reiterated that they are witnessing issues with trauma as a result of family members or close friends dying due to COVID. The student's reaction – as with any trauma- is varied and is exhibited in depression, anxiety, behavioral issues and low academic performance. A real concern among school pupil personnel is not being aware of the trauma that students may have endured throughout remote learning and when and how it will manifest in the future. One school social worker said that 15 plus years ago they were providing services to 10-12 students per year with IEP's, currently it is 60-70 per year.

The need for creative solutions and innovation was discussed. Organizations agreed that working together to come up with these solutions and how to better address the underlying issues – housing, community environment, poverty, food insecurity, etc. would be beneficial. Addressing the underlying issues would impact a probable reduction in requests for mental health services.

Several agencies operate school-based clinics throughout Westchester and all feel this has enabled clients to more efficiently access services. Additionally, grants have enabled agencies throughout the county to operate Mobile Crisis Teams specific to the community they serve. CCBHC (Certifies Community Behavioral Health Clinic) has enabled agencies to provide 'wraparound' services to families that include: employment and educational counseling, food insecurity, case management and utilizes therapist and peer specialists to support the whole family.

All attendees felt the roundtable was beneficial and supportive and indicated interest in another possible meeting. They were appreciative to both WCA and Morgan Stanley for bringing them all together.

Next Steps:

- Further discussion on data, how to access, agreed upon indicators, county database?
- Additional roundtable with school districts and pupil personnel
- Engaging Dr. Banks again
- Further discuss ways to support the mental health needs of youth and children in Westchester County

