

September 22, 2026

Hon. Kathy C. Hochul
Governor of the State of New York
NYS Capitol Building
Albany, N.Y. 12224

RE: S.7978A (Brouk) / A.7603B (Hevesi) – Providing additional support to children with complex needs in the care of New York State

Dear Governor Hochul:

We, the undersigned, write to urge your approval of S.7978A (Brouk) / A.7603B (Hevesi), which will improve the delivery of care to young people with unmet complex needs. As county governments, health care systems, and community-based service providers across the continuum of care, we see firsthand the struggle of children and families who are often waiting months to access care that they desperately need today. When enacted, this measure will equip state agencies with the necessary tools to better coordinate care and services, resulting in better outcomes for youth and families, and significant cost savings to the state and our systems of care.

At a basic level, our behavioral healthcare system is intended to provide timely access to evaluation, diagnosis, and treatment. Accordingly, youth with complex needs should expect to receive a diagnosis and treatment plan and then proceed to the appropriate level of care that meets their needs, paid for by Medicaid, Child Health Plus (CHP), or a commercial health plan. This treatment might include hospital inpatient or residential services, community-based programming, in-home care services, or a combination of these interventions.

The harsh reality is that New York families are too often unable to receive the care they need. Even when the services exist, families cannot access care because of the complexity posed by multiple systems, points of entry, evaluations, documentation and coordination barriers, and myriad other challenges.¹ Access is especially challenging for children and adolescents with complex needs - meaning those with serious emotional disturbance or co-occurring mental health, substance use disorder, intellectual or developmental disabilities, medical needs, and/or child welfare involvement. The essence of the problem is not that the children's needs are impossible to meet. It is that their physical, emotional and behavioral needs span across agencies and do not fit neatly into siloed eligibility criteria, creating confusion and conflicts over which state agency is responsible, ultimately resulting in the child being declined by each agency.

Trying to access services often involves coordinating through the bureaucratic processes of various state agencies, including the Office of Mental Health, Office for People with Developmental Disabilities, Office for Children and Family Services, Office for Addiction Supports and Services, Department of Health, and State Education Department. Much of this coordination and access hinges on the family and caregiver, who must fill out voluminous

¹ <https://s3.amazonaws.com/media.cccnewyork.org/2024/11/198woFbc-hmhk-gapan%20analysis.pdf>

paperwork, supply documentation, make countless phone calls, organize transportation, and retraumatize themselves and their child every time they must retell their patient history. On top of that, there is the process of working with Medicaid, CHP, and commercial insurance regarding eligibility, covered benefits, and payment.

We see these challenges play out across multiple systems, especially in situations where youth are admitted to a hospital to treat an emergent issue and then get “stuck.” It is estimated that 200 New York children with unmet multisystem needs experience unnecessary hospital stays each year after the time they are medically cleared for discharge. These “discharge delays” often span weeks and months, during which time the youth is isolated from family and peers and has no access to outside space or play settings, no normal daily routines, no education, and no treatment services. Totalling an estimated 20,440 in-patient days and 1,632 days in emergency departments, these extended stays and lack of access to appropriate care are directly harming children and families *and* costing our systems of care tens of millions of dollars over the long term.²

In fact, a hospital survey done by the Healthcare Association of New York State found medical costs of \$167 million in a single 3-month period due to New Yorkers with complex needs being hospitalized beyond the time medically necessary.³ Moreover, in 2024, 321 children were sent to out-of-state residential programs because there was no program available in New York.⁴ On an individual basis, we are aware of a single case of out-of-state care is costing a western New York county \$455,606 per year for the care and education of one child. This cost is typical for out-of-state care, yielding an estimated annual statewide cost of \$113.4 million.

Hospital systems experience further issues with lost bed space. It is not only a matter of the individual child occupying a bed they no longer medically need, but because of safety and supervision, hospitals often must shut down an entire multi-bed area to accommodate a single child, compounding the hospital bed shortage, decreasing the public’s access to care, and resulting in financial losses for hospitals.

Inappropriate hospital boarding also puts staff at risk, especially when a child’s needs are well beyond the capacity of the facility to treat. A recent example of this is Upstate Golisano Children’s Hospital in Syracuse, where nursing staff was using protective equipment to safeguard themselves against physical outbursts from youth with complex needs whom they are trying to care for while the youth languish in the hospital despite being cleared for discharge.⁵ Staff have reported being in situations such as having to choose between providing life-saving care to one patient or running after a young person with complex needs who is trying to leave the unit where they are boarding while awaiting discharge.

² https://www.hanys.org/communications/publications/complex_case_discharge_delays/

³ [Ibid](#)

⁴ <https://ccf.ny.gov/2024-annual-out-of-state-placement-committee-report/>

⁵ <https://www.syracuse.com/health/2026/03/kids-abandoned-at-upstate-golisano-hospital-attack-the-nurses-nobody-signed-up-for-this.html?gift=090d1f14-fc0e-4219-ad91-cc95f6329839>

This issue extends beyond hospitals, as Residential Treatment Centers and Residential Treatment Facilities also struggle with young people who are assigned to their care, but whose needs are too great for that provider to treat or manage under the scope of their operating regulations and financing. Likewise, county governments bear the brunt of discharges of children from hospitals or residential programs to the county's care with no ability to return the child home and no appropriate facility available. Child welfare staff have had to house children in county conference rooms, hotel rooms, and short-term rentals with multiple county staff providing round-the-clock care and supervision until a suitable placement can be found. This is a disservice to the young person, who further decompensates without access to appropriate care, and to the social services staff.

Lastly, it is important to note that New York State does not collect, analyze, or share sufficient data on youth with complex needs. This includes a lack of information on which state agencies the youth are receiving (or supposed to be receiving) care from, when youth are being referred to care and where, and the outcomes of the referrals/treatment. Without this information, we will continue to operate in the dark and not be able to respond effectively to the individual and systemic problems, continuously operating in "crisis" mode.

We recognize and appreciate the work of the NYS Council on Children and Families (CCF), who is responsible for helping the families of children with complex needs navigate the vast and confusing behavioral healthcare system in our state. The Council's Interagency Resolution Unit (IRU) is charged with: facilitating meetings with stakeholders to support collaboration across state and county agencies, helping parties reach agreement on the provision of services, providing discharge supports from ERs and hospitals, coordinating comprehensive evaluations, care, and individual service plans, mediating interagency disputes that impede access to care, and providing technical assistance, information, and referrals. This existing structure allows parties including parents, agencies, schools, local social services districts, and individuals to request help from the IRU in accessing services.

The work of the CCF is undoubtedly providing a benefit. However, we underscore that the existing statute does not equip the IRU with the tools necessary to fully realize their mission. That is why we are recommending approval of this legislation, which would ensure better cross-agency collaboration and mandate timely action to help young people referred to the IRU. Building on a system that is already established provides a solid foundation and will help ensure that this bill can be implemented. It is likewise important to ensure data collection is a key part of the work so that informed policy decisions can be made moving forward.

Accordingly, S.7978A (Brouk) / A.7603B (Hevesi) would provide for:

- Expedient evaluation and diagnostic studies upon referral of a child to the IRU to determine which services will allow the child to safely and successfully return home or to an appropriate residential placement in or near their own community;
- Effective multi-system care coordination by the Council on Children and Families;
- Creation of a confidential, online data portal to help state, local and voluntary agencies coordinate residential and community-based services; and

- Regular reports to the Governor and legislature on the status of complex needs cases referred to the IRU and their outcomes so we have an accurate and detailed picture that informs further effective, efficient policy solutions and investments.

For these reasons, we respectfully urge approval of this legislation that, when enacted, will build on the investments that your Administration has made in youth behavioral health services since you took office. It will certainly help the state improve access to children's behavioral health services in the Medicaid program, as required by the recent settlement in the matter of *C.K. v. McDonald*.

Thank you for your consideration. We ask for the opportunity to meet with your staff to discuss the details of the proposal in more detail.

Sincerely,

New York State Coalition for Children's Behavioral Health
 AAP NY Chapter 1
 Abilities First, Inc.
 ADAPT Community Network
 Astor Services
 AutismUp, Inc.
 AVSP, Inc.
 BestSelf Behavioral Health
 Bronx Developmental Disabilities Council
 Bronx Family Support Services Advisory Council
 Camelot of S.I. Inc.
 Cardinal McCloskey Community Services
 Catholic Charities of Broome County
 Child and Family Services of Erie County
 The Child Center of NY
 Children's Health Home of Upstate New York
 Children's Home of Jefferson County
 Children's Home of Poughkeepsie
 Children's Home of Wyoming Conference
 City of Rochester
 COFCCA
 Education Success Foundation
 Empowering People's Independence
 EnCompass: Resources for Learning
 Genesee County Department of Social Services
 Golisano Institute for Developmental Disability, St. John Fisher University Nursing
 The GRACE Foundation of New York
 Hillside
 HUGS, Inc.
 IGHL
 INCLUDEnyc

Integrated Community Alternatives Network (ICAN)
Inter Agency Council of Developmental Disabilities Agencies, Inc.
JCCA
The Jewish Board of Family & Children's Services
Lifespire
Manhattan Mothers & Others
Mary Cariola Center
Modest Community Services Association
Mohawk Opportunities, Inc.
Monroe County Department of Human Services
New York Public Welfare Association
New York State American Academy of Pediatrics
New York State Association for Behavior Analysis
The New York Foundling
Ontario County Department of Social Services
Person Centered Services
Rochester Regional Health
Samaritan Daytop Village, Inc.
Schuyler County Department of Social Services
SCO Family of Services
St. Catherine's Center for Children
SteppingStone Day School
Steuben County Department of Social Services
Student Assistance Services Corporation
SUNY Upstate Bioethics and Humanities Center
SUNY Upstate Medical Center and Golisano Children's Hospital
The Children's Agenda
Together for Youth
University of Rochester
Villa of Hope
Volunteers of America-Greater New York
WellLife Network Inc.
Wyoming County DSS
Youth Advocate Programs, Inc.

CC: Karen Persichilli Keogh, Secretary to the Governor
Brian Mahanna, Counsel to the Governor
Jess Cherry, Deputy Counsel to the Governor
Jackie Bray, Director of State Operations
Kerri Neifeld, Deputy Director of State Operations
Peter Hatch, Deputy Secretary for Human Services and Mental Health
Megan Baldwin, Deputy Secretary for Health
Lisa Vasnani, Assistant Counsel
Shanna Cassidy, Deputy Secretary for Legislative Affairs
Joshua Joseph, Assistant Secretary for Legislative Affairs

Hon. Andrew Hevesi
Hon. Samra Brouk