

Making the Case for the Youngest New Yorkers:

Why New York Must Invest More in Mental Health Supports and Interventions for Young Children in Early Care and Education Settings

Much has been said about the COVID-19 pandemic's impact on health and mental health, and the detrimental effects it will continue to have on New Yorkers who have experienced personal loss; economic, food, and housing insecurity; and increased isolation, anxiety, and disruption in their lives. These stressors can have a unique impact on children under 5 years of age, who are at a critical developmental and behavioral health stage and may have experienced trauma while lacking the capability to fully understand it or access needed services and care.

New family stressors on top of the loss of routine, social interaction, and comfort at an early age can have lasting impacts on early childhood development and social-emotional wellbeing. Fortunately, there are effective models and interventions that are designed to help the youngest children and their families weather these types of challenges and support their healthy development. Unfortunately, far too few of these supports are well-funded or universally supported with public resources.

If New York hopes to confront the long-standing health and behavioral health challenges that COVID-19 has exacerbated, we must start by creating a strong system of supports for the youngest New Yorkers.

Effects of the COVID-19 Pandemic on Young Children

The traumatic effects of COVID-19 have been multiple and cumulative. Between March and July of 2020, [4,200 children in New York](#) suffered the loss of a parent or guardian to COVID-19, with Black and Hispanic children experiencing loss at twice the rate of Asian and white children. The loss of a family member can have a profound impact on the social-emotional wellbeing of any child, especially if children and families are not given the support they need to cope with this loss.

Children also thrive when they benefit from consistent structure and routine. Throughout 2020, child care centers and pre-k classrooms in New York were either closed or struggling to remain open, resulting in the youngest children learning remotely and/or solely guided by caregivers at home.

In addition, COVID has played a devastating role in reducing access to critical developmental services. Early Intervention provides services to families and children age birth to three with developmental delays and disabilities. [During the height of the pandemic](#), there was an 82% decline in referrals, a 67% decline in evaluations, and a 15% decline in services received through the Early Intervention program in New York City. Many of those children who have lost developmental services are likely also in need of additional social and emotional supports.

COVID-19 also led to a temporary decline in preschool special education referrals for children aged 3 to 5, who require special services and settings to address early disabilities/delays. Four months into the 2020-21 school year, [there were 3,500 fewer children](#) receiving preschool special education services than at the same point in 2019-20. Before COVID, the DOE had [a projected shortfall of 1,000-2,000 seats](#) in preschool special education classes. As we emerge from the pandemic and referrals catch up, more

students will be rightfully identified as needing services and there will be an even greater shortage of available seats.

Finally, more than 325,000 children [have fallen into or near poverty](#) due to this pandemic, and New York City's unemployment rate was as high as [20% last summer](#). Children and families have been subjected to new levels of income, housing, and food insecurity. The stress of these experiences on adults in a household can create a challenging environment for children, where children's needs may go unmet and demonstrations of their own stress may be harder for parents to recognize or address.

All these issues can manifest themselves in various ways for young children. Children may exhibit atypical emotional responses, aggressive behaviors, or show new problems and deficits in attention. Children suffering from stress or trauma can also show a lack of attachment, previously unforeseen sleep problems, and exhibitions beyond what is "usual" behavior for children under five.

New York's first priority must be helping New Yorkers meet basic needs; only by doing so can we alleviate many of the stressors that are so often a cause or contributor to poor mental health. Helping families through these multiple crises requires a coordinated effort from the federal, state, and city government to combat poverty, hunger, and housing insecurity.

Additionally, and critically, New York must also invest in the practices and interventions that have been proven to meet the behavioral health and developmental needs of young children and that engage and support their caregivers.

As children return to early care and education settings, it will be imperative that service providers receive training and resources to integrate behavioral health and developmental supports into programming, and that the use of best practices is promoted and expanded upon within the early care settings to address childhood trauma.

Spotlights on Best Practices and Interventions

Many of New York's community-based organizations have decades of experience working with young children and their families and have integrated behavioral health and developmental supports in early care and education settings. These model practices are worth highlighting and building upon; several examples are highlighted below.

Spotlight: New York Center for Child Development (NYCCD)

The New York Center for Child Development, in partnership with the McSilver Institute on Poverty Policy and Research at NYU, oversees the New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC). TTAC has trained over 9,000 practitioners in a range of child- and family-serving systems to support the healthy social-emotional development of New York's youngest children. In response to the COVID-19 pandemic, TTAC pivoted to remote trainings, including webinars on [the impact of the pandemic on young children and families](#) as well as [how to support young children experiencing grief and loss](#). Another key focus of NYCCD this year has been on [self-care for the early care providers](#) themselves, recognizing that without proper self-care they cannot effectively identify and treat children's stressors and/or trauma.

Additionally, NYCCD has collaborated with the City to produce a series of free online trainings titled [Foundations of Social Emotional Development in Infants and Toddlers](#). These trainings are intended to support all Early Intervention (EI) practitioners by providing foundational knowledge of typical and atypical social-emotional development, and how to apply that knowledge to inform their evaluations and interventions so children in the EI Program and their families receive the social-emotional supports they need. To access these trainings and other archived webinars and resources, go to <https://www.ttacny.org/>.

Spotlight: The Jewish Board

[The Jewish Board](#) offers an array of services, including Early Childhood Mental Health Consultations, which create a collaborative relationship between a professional early childhood mental health consultant and early care and education providers and/or family members of young children. These relationships help promote young children's health and social-emotional development, prevent or address any challenging behavior, and support the development of nurturing early childhood environments.

The Jewish Board also offers evaluation and treatment through two outpatient clinics, out of seven Early Childhood Therapeutic Centers (ECTCs) that are part of the [NYC Early Childhood Mental Health Network](#). Among other services, they offer consultation services for early care and education staff in city contracted child care centers to help teachers develop classroom strategies to address the social-emotional needs of children, as well as provide small group classrooms through its therapeutic nursery school for children 3-5 who need support for developmental delays. NYCCD and the TTAC also supports the ECTCs.

Since the onset of COVID, the Jewish Board has also been conducting additional group supports for parents, including music groups for parents and children to participate in, or facilitated groups between parents who have shared experiences. With the growth of needs during COVID, two-generational practices like these will be key to addressing caregiver's needs and alleviating the stress caregivers can pass onto young children.

Spotlight: University Settlement

University Settlement operates multiple early childhood classrooms and has been integrating mental health supports and early intervention services for years prior to the onset of COVID. The University Settlement Butterflies Program employs teams of clinicians and experts to push-in to classrooms. These consultants provide technical assistance to early educators on how to be more social-emotionally supportive and how to offer warm and welcoming classroom arrangements, as well as offer direct insights into what may be triggering certain children's behaviors. These teams also offer parent services like support groups for parents, training for parents on grief counseling and trauma, and newsletters about how to have difficult conversations with young children (e.g., about COVID or responses to police brutality and race-based violence).

The program also offers individual, dyadic, and group play therapy, and provides its free services in English, Cantonese, Mandarin, and Spanish. The Butterflies program is largely privately-funded - contracts with the city to provide early care don't adequately cover these vital services. Additionally, when providers negotiate budgets before entering a contract, they will often feel pressure from the DOE

to reduce their professional development budget that supports these practices and in place of these supports receive city-run services and trainings.

Spotlight: United for Brownsville

United for Brownsville (UB) is a collaborative of families and professionals working together to improve early childhood systems in Brownsville, Brooklyn. [Data has shown clear inequities](#) in the rates of Early Intervention (EI) referrals, evaluations and receipt of services among Black and Hispanic children in NYC, and UB has found even further inequities in EI access for Black and Hispanic children in Brownsville when compared to children citywide. To address these disparities locally, UB created a dedicated EI Ambassador position, the first of its kind in NYC, hiring a full-time staff member to help families through the process of referral, evaluation, and service delivery within the EI system. Additionally, UB's EI Ambassador works directly with service providers from across different sectors who refer children to EI to provide extra follow-up support and is also available to refer families to EI directly when needed.

On a [recent CCC panel](#), UB's EI Ambassador Aileen Gonzalez said "I highlight that I am not associated with an EI agency, school, or hospital. My services are free to any family or agency in Brownsville. This allows me to partner with families in a trusting manner where I can educate families about the EI program to address developmental delays, guiding families through the EI referral process and reducing stigmas around early intervention, and more importantly serving as a liaison between families and service providers in the community." Gonzalez also spoke specifically about the importance of cultural responsiveness and empowering parents to trust themselves as caregivers who understand their child's needs.

Policy Recommendations

1. Financially Support and Embed Best Practices in Early Childhood Contracts, and Baseline Council Discretionary Dollars that Support these Practices.

More providers operating both center-based and/or home-based child care would benefit from additional resources to support the integration of behavioral health and developmental supports into their classrooms and from training and resources to promote these practices. However, with limited funding, many programs offered through the city can only offer periodic consultations, rather than ongoing support throughout the year.

DOE should fully fund and expand upon what is working, by embedding resources for training and service integration into standing contracts. Service integration would also be improved through greater coordination between the Department of Education and the Department of Health and Mental Hygiene, which possesses expertise in the types of best practices for young children's developmental and mental health that should be brought to scale in early care and education settings.

Additionally, the New York City Council funds some providers directly for mental health treatment to children aged five years and younger through the Children Under Five Mental Health Initiative. Services include screening and clinical evaluations and individual, small group, and child-parent psychotherapy. This funding was cut during the pandemic, and thankfully restored in [the FY22 Adopted](#) budget. The City should increase and baseline these funds to better support providers and meet expanding needs.

2. Support and Invest in Early Intervention and Preschool Special Education

New York’s Early Intervention (EI) & Preschool Special Education (PSE) programs are essential for supporting the developmental and social-emotional needs of young children, but both systems have faced underfunding and provider shortages for decades.

This year, the Governor’s Executive Budget proposed a \$11.9 million cut to Early Intervention. Though the work of advocates and the Senate and Assembly thankfully led to the restoration of this funding, it is unacceptable that Early Intervention services were ever threatened. In addition to a commitment from the State to protect existing EI funding, more work must be done to support this system broadly, including by enacting a Covered Lives proposal that would ensure commercial insurers pay their fair share into the system. This proposal was passed by the State Legislature, and requires the Governor’s signature to take effect and support the system.

At the City level, more work must be done to proactively reach out to those children needing services, or families who stopped accessing care once services went remote. The City can look to expanding models like the United for Brownsville’s EI Ambassadors to help combat racial and economic inequities in access to services.

In preschool special education, the Adopted Budget includes a welcome investment of \$22 million in preschool education in FY22, primarily funded with federal relief dollars. However, the investment lacks an increase in salary for preschool special educators, furthering their salary disparity with DOE counterparts and making an expansion of seats more difficult.

3. Talk to Communities and Fund What They Need.

With COVID-19, clinics and community-based organizations had to adapt rapidly to the increased and quickly changing needs of their communities. Organizations serving young children and their families were no different, as they had to find ways to meet the basic needs of families, as well as develop programming to address the wide array of new stressors impacting young child development and behavioral health and their caregivers.

Too frequently, these providers have had to rely on philanthropic funding to meet changing needs, as city, state or federal funds have had neither the speed, flexibility, nor scope to address new crises as they arise. New York City must get better at listening to the specific needs of communities and the organizations that serve them, and reacting quicker to fund services that work, as well as new services and resources that are needed. Areas where greater resources are needed, includes but is not limited to:

- Technological supports to families and providers to continue providing telehealth and other remote services.
- Flexible grants to support services not reimbursable through Medicaid, including collateral engagement with family members; care coordination; group therapy, parent groups, and grief groups for families; and in-house professional development.
- Investments in the community-based mental health workforce, which is deeply understaffed and unable to meet the growing needs of young children and their families.
- Stable funding to support innovative practices to integrate mental health supports in early child and education settings.
- Reimbursing organizations for food and basic needs provided to families.

Conclusion

Early care and education providers play an instrumental role in supporting young child development and wellbeing. Children’s services such as mental health consultation, clinical services, Early Intervention and Preschool Special Education are essential to the early childhood system. In supporting COVID recovery, policy-makers must recognize what is working and promote best practices in early care settings, by embedding resources within contracts and facilitating linkages to external partners to ensure providers can support children and families.