Joint Fiscal Committees of the Legislature

Mental Hygiene Budget Hearing

February 7, 2019

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February 6, 2019

Thank you, Chairpersons Krueger and Weinstein and members of the Legislature.

The NYS Coalition for Children's Behavioral Health represents the majority of community-based, non-profit, children's mental health providers around the state. We thank you for this opportunity to testify about our budget priorities, which include broader access to children's mental health services and addressing the workforce crisis.

CAPITAL

The Coalition appreciated your efforts to include additional providers types as eligible to the Health Facilities Transformation Program Round III (last year's funding). That is why we ask that the Governor's proposal to transfer $300 million of the Round III funding to reach further into the eligible applicants in Round II be amended. Specifically, children's residential treatment facilities (RTFs) which are in dire need of capital to restructure and respond to enormous deficits, were not eligible in Round II and are only eligible in Round III. We request that you authorize a $225 million Round III application that focuses on community-based providers.

We support the Executive proposal for $50 million additional capital funding in OMH to address the condition of community residences.

NEW CHILDREN & FAMILY TREATMENT & SUPPORT SERVICES (CFTSS)

The Executive proposal includes $10.5 million state share funding to implement the long-awaited addition of new children behavioral health services to the state Medicaid program. The first of 6 new services went online on January 1, 2019. We believe start-up is slow due to CMS delays in approving the children's reforms and transition to Medicaid Managed Care. Therefore, we ask that the enhanced start-up funding that allows for a 20% add-on to the service rates be authorized to continue until December 2019 rather than June 2019. No additional funding is needed as long as a directive to fully spend the start-up funds is included in the budget agreement.

The services are cutting-edge, using a combination of clinical, skill building, family support, psychoeducation for caregivers, and rehabilitative services in the home and community-based settings. The clinicians, counselors and community mental health workers will go to the homes, school, homeless shelters, domestic violence shelters, community centers and playgrounds to treat and support children and families. The

Children's Medicaid Redesign Team got this design 100% correct – flexible, accessible services that have enhanced rates at start-up to hire and train staff and expand treatment and supports that prevent escalation of mental health problems.

ADD CFTSS to CHILD HEALTH PLUS

We urge the Legislature to extend equal access to the new Child and Family Treatment and Support services (CFTSS) to more of New York's children and families by covering them in the Child Health Plus (CHP) insurance program. As of January 1, 2019, there were 386,807 children enrolled statewide in CHP. The attached chart shows how many children could access the cutting edge CFTS services by county through CHP.

As you know, uninsured children, including undocumented children can access CHP. Others enrolled in CHP are children from low-income families or working-class families without employer sponsored health insurance.

We believe that if this expansion were enacted in July 2019, when 4 of the 6 CFTS services are available, the cost of this expansion would be $2 million state share.

HUMAN SERVICES COLA

The Executive proposal defers the Human Services Cost of Living Adjustment (COLA) again. By using the term "defer", I assume that all $707.7 million in past deferred COLAs is budgeted and awaiting disbursement once there is a good fiscal year. This year's COLA, which calculated as the "actual US consumer price index for all urban consumers (CPI-U)" is 2.9% and would provide $140 million to OMH, OPWDD, OASAS, OCFS, OTDA and State Office for the Aging contracts and programs. The Coalition stands with the entire behavioral health community in support of a 2.9% COLA for the human services sector being included in the final State Budget agreement.

THE BEHAVIORAL HEALTH WORKFORCE CRISIS IS AN ACCESS CRISIS

We urge the Legislature to propose a "Rapid Response" to the workforce and access crisis that is stalling recover for thousands of New Yorkers. The attached charts show crippling workforce turnover and vacancy rates around the state and a severe shortage in the number of licensed mental health practitioners that take Medicaid patients. The Coalition has devised a 4-point "Rapid Response" recommendation for your consideration. The four points are:

1. Model, but improve upon, the federal programs tied to alleviating provider shortages, by makes state-appropriate changes that reflect broader eligibility for retention grants and loan forgiveness opportunities for the entire mental health care workforce.
2. Expand access to Medicaid counseling by licensed professionals by amending SSL 365 (A.648-Bronson/Savino)
3. Codify uniform education, clinical supervision and licensing standards across behavioral health licensed professionals (A4383-DenDekker)
4. Extend equal access to the new Child and Family Treatment and Support services (CFTSS) to more of New York's children and families by covering them in the Child Health Plus (CHP) insurance program.

Alleviating provider shortages:

When the behavioral health field asks for workforce recruitment and retention funding, we are often told to access existing programs, like the ones through the Health Resources and Services Administration (HRSA)—the public health agency within HHS with primary responsibility for increasing access to health care (including mental healthcare) for vulnerable populations. HRSA manages an existing program aimed at alleviating provider shortages through Medicare bonus payments and health workforce recruitment programs. However, eligibility for such programs is determined in part by the designation of a Mental Health Professional Shortage Area (MHPSA), which is too narrow to address all the true shortage areas in New York and the shortage designation is based on a limited number of core providers, a definition that is limited to highly trained and licensed mental health professionals and not all those licensed professions used in the community behavioral health workforce.

A rapid response workforce recruitment and retention program in New York would include all those licensed under Art 163 of the State Education Law, all those certified or licensed under Art 154 of the State Education Law, all those with certification by OMH, OPWDD and OASAS (like peers, family peers, youth peers and CASACs), direct care staff at licensed and approved Office of Mental Hygiene agencies and care coordinators employed at Care Management Agencies regulated by the State Department of Health.

Expand Access:

There is legislation (Bronson- A.648) to add certain licensed mental health practitioners to the Medicaid program. This is not a scope of practice or Medicaid expansion

proposal. This would simply allow practitioners licensed under Art 163 of the State Education Law to get a Medicaid identification number and accept Medicaid patients in private practice. There are a limited number of licensed mental health clinics and in rural areas they can be inaccessible because of distance. By including this authorization in the Budget agreement individuals seeking counseling and therapy that is allowable under existing scope of practice governing Article 163 professions would have more treatment options.

There is also existing legislation (DenDekker- A.4383) that will establish uniform education, clinical supervision and licensing standards for certain behavioral health licensed professionals. This is necessary to end artificial management barriers in clinical settings and allow highly qualified Master's Level clinicians to practice to the top of their scope of practice. The workforce shortage demands that we utilize every trained and licensed professional who wants to work in our field to the maximum extent they seek. This bill will ensure that there is a single standard for the required supervised clinical training after achieving a Master Degree for Article 163 professionals.

I have already explained the benefit of expanding access to the CFTS services by children enrolled in Child Health Plus, but believe that recommendation should be included in a "Rapid Response" to access package.

CONCLUSION

The Coalition is a leader in the development and implementation of children's behavioral health policy initiatives. We urge you to carefully consider the recommendations included in this testimony:

1. Fair distribution of the Statewide Health Facilities Round III funding
2. Full expenditure of CFTSS start-up funding
3. Expanded access to CFTSS services for children insured under CHP
4. Implementing the Human Services COLA
5. Implementing a Rapid Response to the Workforce and Access Crisis

For additional questions, contact:
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