



P.O. BOX

Joint Fiscal Committees of the Legislature

Mental Hygiene Budget Hearing

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Andrea Smyth
Executive Director

Thank you, Chairpersons Krueger and Weinstein and members of the Legislature. I am Andrea Smyth, the Executive Director of the NYS Coalition for Children's Behavioral Health.

The "Children's" Coalition is the leading advocacy voice for community-based, non-profit, children's mental health providers and the families they serve. We thank you for this opportunity to testify about our budget priorities, which will focus on desperately needed access to care and treatment and a call to address provider sustainability.

Let's Save Lives: Let the Children's Behavioral Health Redesign and Investments Go Forward

Across New York State, too many families find it impossible to get the mental health and addiction disorder services their children desperately need. Suicide is the second leading cause of death for children age 15-19, and the third leading cause of death for children ages 5-14. Over half of children in New York diagnosed with a mental/behavioral health condition do not receive the treatment they need.

An under-resourced children's behavioral health system results in suffering children becoming sick adults. The latest Center for Disease Control study finds that preventing and treating childhood adverse experiences could potentially prevent 1.9 million cases of coronary heart disease, 2.5 million cases of obesity, 21 million cases of depression, and keep 1.5 million students in school. Concrete steps can be taken to help children heal. It is science: untreated mental health issues in childhood become costlier adult health and mental health. A structural Medicaid reform IS TO INVEST IN CHILDREN'S MENTAL HEALTH SERVICES.

What investments am I asking you to consider? Only those promised by the Children's subcommittee of the original Medicaid Redesign Team (MRT). After the Department of Health tried to delay expansion of children's mental health services in their 2018 Executive Budget, they produced a chart outlining their commitment to implementing the MRT vision.

That vision included services that are effective prevention, healing and resilience interventions that can be deployed in schools, communities, healthcare settings, and other places where children live, play and are with regularity, like their pediatrician's office. After years of delays, staggered introduction of the 6 new Medicaid services and complex transitions, less than 1% of the new service expansion has occurred and I believe, a retraction in the number of children previously served by the Home and Community Based Services program has taken place since January 1, 2019. Most disturbing, is that the transition and start-up funding for the expansion was reduced by 11.5% on January 1, 2020, despite designated providers pleading that they would be better equipped to start-up the services if the rates were not cut.



As a member of the Healthy Minds, Healthy Kids Campaign, the Coalition calls for an immediate moratorium on cuts to children's behavioral health services and a negotiated agreement with the Governor to fully invest in the original Children's MRT recommendations.

This includes:

1. Fulfill the State's commitment to fully fund and implement the Children's Medicaid Redesign Plan.

The State estimated it would need \$63.7 million in State Fiscal Year 20-21 to increase access to new Children and Family Treatment and Support Services (CFTSS) under Medicaid Managed Care. The Global Medicaid Cap is suppressing that spending to just \$15 million. We ask that the Legislature exempt children's mental health services, identified by the Children's MRT, from the Global Cap and include \$48.7 million in the budget agreement to support the Medicaid transition.

2. Place a moratorium on cuts to any services or programs redesigned by the children's behavioral health Medicaid Redesign Team subcommittee, effective December 31, 2019, before any cuts occurred.

The work of the children's Medicaid redesign committee is still underway, and the full array of planned services have not yet reached their intended targets. New York cannot afford to cut any of these services and programs before they have been fully implemented. Already, the State has moved forward with cuts to new Children and Family Treatment and Support Services (CFTSS), even though these services have reached less than 4% of the 200,000 children who were intended to receive care. Restoring cuts to CFTSS for 12 months would require an estimated \$2 million in state funding. Additionally, all children's services planned through Medicaid redesign – including CFTSS, Home and Community Based Services, Children's Health Homes, and Article 29-I Medical Services for Foster Children – must be fully funded and given the opportunity to reach the children who need them.

3. Hold harmless children's programs and restore funds for service impacted by the 1% across-the-board Medicaid cuts. Though many Mental Hygiene Law programs were not impacted by these cuts, the children's behavioral health system experienced cuts to both

Children's Health Homes and behavioral health supports provided through Article 28 clinics. Cuts to Health Homes serving children amounted to between \$525,000.00 and \$700,000.00; the Art 28 impact on children is unknown. Health Homes were designed to facilitate access to a wide range of services for children for complex needs and are required under a Maintenance of Effort agreement with the federal government for all children served under the old Home and Community Based Waiver program. We urge restoration of these funds and that children's services harmless from any future across-the-board Medicaid cuts.

4. Ensure the children's MRT subcommittee continue its work, without being impacted by cuts proposed through MRT II. Children's Medicaid redesign occurred on a different timeline and through a separate process than the redesign of the adult system, and New York is still in the midst of this transition. As such, it is not appropriate to upend the ongoing work of children's redesign or threaten to cut services and programs before they have been fully implemented. Even the federal Block Grant proposal does not include children's Medicaid services.



Commit to 3-FOR-5: to ensure that communities can thrive

Service providers and organizations from across New York are standing together in an historic, uniform request for the State to invest a 3% increase on contracts and rates for the next 5 years. My members agencies and others put this request forth for the survival of the sector. Over 40% of the voluntary community-based providers have less than three months of operating cash on hand. These are human service agencies that provide vital children's services, including child and youth development, care coordination, children's mental health, child welfare, juvenile justice, after-school services, independent living, supportive housing, job training, and addiction services to the young people that our economy will rely upon in a few short years.

We estimate that local assistance has been dropping by about 5% each year since the 2011-12 State Budget. This historic disinvestment is unsustainable and has a direct impact on the quality and amount of treatment, support and vital services available in every community.

The statutory cost-of-living adjustment (COLA) has not been consistently funded and the human services community doesn't believe the patchwork of alternative solutions are acceptable for long term sustainability. Begin investing in the community-based service system with the first year of a 5-year commitment.

Produce the Digital Workforce of the Future – Add a Human Services Workforce Development Initiative

Last year, the budget agreement included \$175 million statewide for workforce development initiatives. The Coalition is working with social impact bond investment, hi-tech corporations to finalize an application under the *Workforce Solutions* provisions of the existing workforce development program. We are excited to lead the way in showing how to improve productivity at community human services agencies through Robotic Process Automation training for our primarily women-dominated workforce, young workers and young parents who are engaged in our systems of care, and others that face significant barriers to career advancement. What is robotic process automation and why will it revolutionize the human services workforce?

Robotic process automation (RPA) eliminates tedious tasks, freeing workers to focus on higher value work. Clinicians, care coordinators and direct care workers filling out paper work, treatment plans and progress notes is the second leading reason why employees leave non-profit agencies. (Low pay is the first reason given on exit interviews).

However, our plan for success cannot be replicated if a serious investment specifically in the Human Services workforce development space is not embraced and supported. Therefore, we ask that \$50 million be added for a Human Services Workforce Development Initiative. This funding will bring RPA as a solution to the severe human services workforce shortage through the novel productivity approach we are plan to implement through the existing opportunity.

More about The Coalition's RPA Approach

For our proposed RPA training, we will focus on those with some college experience but who are not succeeding in college. According to research by the New York Association of Training and Employment Programs (NYATEP), 2,168,947 New Yorkers have some college credits, but no degree. Many youths who leave foster care or are recovering from childhood adverse childhood experiences are in that pool of New Yorkers. The second targeted workers are our primarily women-dominated professional staff who can use RPA to meet Evidence Based Practice (EBP) demands. EBPs ensure improved outcomes for those receiving services, but require complex reporting and standards of care documentation. We believe the combination of training under-employed youth in RPA and implementing RPA in our service design will significantly reduce staff turnover and improve productivity. In fact, one of our member agencies and partner in this endeavor, the NY Foundling, already experienced outstanding results by instituting RPA to support their clinicians.

Even if we are a successful applicant, the human services provider community in general needs the same type of workforce investment to keep up in a digital economy as corporations do. There is no doubt that non-profits need to "address a worker shortage and projects that have the potential to rapidly deploy and meet the demonstrated demand for current or anticipated job openings" as the Governor's press release explains. The ability to recruit and

retain human services workers will be boosted if the burden of paper work can be reduced by providing a “robot for every person”.



Imitation is the Sincerest Form of Flattery – Loan Forgiveness for Children’s Mental Health Workers

Nationwide, the student debt crisis has now reached \$1.6 trillion. Nowhere is the crisis more apparent or felt more sharply than in the nonprofit, human services field. In a field that recruits mission-driven young people who want to make a difference, it does not take long for these young professionals to find that having student loans and working as counselors to young children with severe emotional disturbances are 2 economic realities that collide.

Currently, the following loan forgiveness programs are included in the State Budget:

- \$3.9 million for the Pat McGee Loan Forgiveness program
- \$1.7 million for the LCSW Loan Forgiveness Program
- \$350,000 for the OASAS Addiction Professionals Scholarship Program
- \$50,000 for the Social Work Scholarship Program: and
- \$50,000 for the Child Welfare Worker Loan Forgiveness Program

There is a need for similar state support for the licensed creative arts therapists, family therapists, mental health counselors, BA prepared entry level workers and family peer advocates who are so vital to the effective treatment and support in the children's mental health field.

Therefore, we urge the Mental Hygiene table to agree to include the following in their State Budget agreements:

For services and expenses related to the development and implementation of a loan forgiveness and scholarship matching funding program to recruit and retain staff into the

children's mental health services and supports prevention, treatment and residential service system..... \$200,000

Support for Part V of the HMM Article VII Bill

NYS Coalition for Children's Behavioral Health supports the Executive Budget proposal to modernize admission to children's mental health facilities, which is proposed in the Health and Mental Hygiene Article VII legislation (A.9507/S.7507). We believe the proposal will prepare RTFs for the demands of a managed care environment, anticipated by 2022.

The proposal to modernize admissions to children's residential treatment facilities (RTFs) has been years in the development stage. In 2013, the Coalition commissioned Manatt Health Solutions, to objectively review the RTF service delivery and the admissions and eligibility processed. That report, entitled "Redesigning Residential Treatment Facilities" found, "The Pre-Admission Certification Committee process must be redesigned. The thirty-year old process of pre-admission review should be streamlined to ensure that decisions are made expeditiously and consistently and in a manner that reflects the evolving care coordination principles within the children's mental health system"

Over the intervening seven years, the Coalition worked closely with the Office of Mental Health, as the number of RTF beds downsized from over 530 beds to just 450 beds today. We appreciate the collaboration with Donna Bradbury, Associate Commissioner of the Office of Mental Health's Division of Integrated Community Services for Children and Families, and her commitment to practices that help children and families.

Access to services that are best for each individual child and family should be available when New York covers services, like residential treatment. By modernizing the Pre-Admission Certification Committee, access to the specialty care provided at the 17 RTFs around the state will be timelier. This will allow children and families will begin the hard work of improving the psychiatric symptoms that are interfering with living their best lives in their homes and communities.

Conclusion - As tireless advocates for children's mental health care and treatment, our advocacy agenda for 2020 is to improve access and capacity, and sustain the workforce that supplies New Yorkers with children's mental health services.