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Testimony to the New York State Assembly
Committee on Alcoholism and Drug Abuse
12/17/19

Good afternoon, Chairs Carlucci & Gunther, other distinguished members of the Assembly & Senate. Thank you for convening this Joint Legislative Public Hearing on the 2020-2021 Executive Budget Proposal for Mental Hygiene.

I'm Amy Dorin, the President & CEO for The Coalition for Behavioral Health. The Coalition represents more than 100 community providers who collectively serve over 600,000 New Yorkers every year. I'm testifying today with John Coppola, Executive Director of NYS ASAP. The Coalition and ASAP recently announced a strategic partnership to build a unified voice for behavioral health providers, highlight integration as the future of our field, and improve care for individuals with mental health and substance use disorders. Together, The Coalition and ASAP represent about 250 community based agencies throughout NYS.

This is a critical time for behavioral health in New York State. The opioid and suicide epidemics are taking the lives of thousands of New Yorkers every year. New York State has the opportunity at this moment to truly invest in behavioral health, tackle these epidemics and emerging issues, and improve public health for the state. Unfortunately, the current funding and support for the sector means that providers lack the flexibility to fully address these issues. Individuals throughout the state frequently encounter waitlists for services, which delays access to care and increases the likelihood of utilizing much costlier services, such as the emergency room. Clients also experience staff turnover that is detrimental to their care, as funding does not allow for sufficient salaries.

3for5 Campaign to Ensure Communities Thrive
This is why we stand united with human services coalitions from across NYS calling for the State to invest in a 3 percent increase on contracts and rates for the next 5 years. Human services funding has been slashed by 26 percent since 2008, resulting in rates that are lower than 1980. The 800,000 New Yorkers who make up the human services work force bear the brunt of this divestment, with stagnant, low wages that leave the average human services working living at or below the poverty line.

This chronic underfunding threatens the stability of New York's entire human services sector. 39% of New York human services organizations have less than three months of cash on hand, leaving organizations just a few late payments away from being unable to make payroll or rent. Organizations also struggle to pay for increasing requirements and demands necessary to conduct

business, including widespread adoption of electronic health records, data analytics, and cybersecurity.

For behavioral health, chronic underfunding has also led to a severe workforce crisis. Across the state, there is a 34% turnover rate and 14% vacancy at behavioral health providers. Providers report lower level staff leaving for positions that pay better in retail and food service, while higher level staff are able to make higher salaries at hospitals and managed care companies. This is not easy work to begin with – while it can be immensely rewarding, hours are often inflexible and include nights and weekends, and common incentives like working from home are simply not available to many of our providers. It is critical that programs are able to staff appropriately to serve individuals with mental health and substance use disorders, but low salaries make it impossible for providers to do so.

The staff shortage harms client care, as individuals are forced to rebuild trusting relationships with multiple clinicians annually. Providers are also frequently unable to add new programs or expand existing programs to serve more individuals and communities because they are not able to hire the staff to do so. This is hampering our ability to aggressively respond to New York's suicide and opioid epidemics. Medication-assisted treatment is considered the gold standard for opioid use disorder treatment. One member reported to us, however, that they cannot expand this program because they have been unable to hire a prescriber to provide the medication that is a key component of medication-assisted treatment. This is simply not the way to respond to an epidemic. We need 3for5 to start to address these challenges.

Maintain Existing Behavioral Health Funding

As the new Medicaid Redesign Transition (MRT II) moves forward, it is critical that behavioral health services remain exempt from any cuts or changes that could reduce funding to behavioral health and that behavioral health providers are represented on the MRT II. As already discussed, behavioral health providers are chronically underfunded and cannot sustain additional cuts.

Behavioral health providers also must be represented on MRT II since they serve some of the highest-cost individuals. They are the appropriate individuals to determine ways to reduce the cost of care while improving health and access to care for individuals with a mental illness or substance use disorder.

The State must also maintain its commitment to Health Home Care Management. Many individuals in Health Homes have a behavioral health diagnosis, including approximately 38,000 Health and Recovery Plan (HARP) members. Health Homes can be a key part of ensuring that individuals with multiple and complex health needs receive the healthcare and social services they need to live healthy and well lives.

Ensure Opioid Settlement Funding Responds to the Opioid Epidemic

The State is likely to see many hundreds of millions, if not billions, of dollars in funding from future opioid settlement funds. The Legislature must take a proactive role to ensure these funds are targeted to prevention, treatment, and recovery by passing legislation now to protect any future settlement dollars.

The history of the tobacco settlement is a cautionary tale for those who assume settlement funds will go to the harm the settlement addresses. No state, including New York, has ever met the CDC recommended level of funding for tobacco cessation programming in the two decades since the states started receiving settlement payments. Instead, the funding has primarily gone into the general fund for a variety of uses, including the purchase of golf carts for a state-owned golf course.

With thousands of New Yorkers dying annually from opioids, the Legislature must take a proactive role to protect these funds. Because substance use and mental health disorders co-occur frequently, funds should go to the full spectrum of behavioral health services, including prevention, treatment, recovery, and harm reduction. An early infusion of funds could be used to reduce and eliminate waitlists for treatment and to fund the opening of overdose prevention centers. Funds could be targeted to incentivizing the hiring and retention of clinicians who speak languages other than English, as our members consistently report that this is a substantial challenge.

The funds should expand the loan forgiveness program for social workers, increasing the number of individuals able to receive funds each year and expanding the program to include other behavioral health providers, including mental health counselors, CASACs and arts and family therapists. Additionally, the State should explore creating a scholarship program at SUNYs and CUNYs for individuals entering the field, with the requirement that recipients work in the publicly funded behavioral health field for a period of years. This would increase the number of individuals entering the field from more marginalized communities, who are frequently unable to take on the level of debt required for these degrees.

The funds should also be used to bolster preventive services for children through OCFS, to ensure that the future generations never start using opioids or other deadly substances in the beginning.

The Legislature must also ensure transparency and provider and expert input in the spending of the funds. With settlement funds likely to come into the state over a period of several years, immediate needs for the funding may change. The Legislature should create an independent advisory group, comprised of behavioral health providers and experts to provide recommendations on the most effective ways to invest these dollars. The funds should also be administered in a transparent fashion, with clear reporting on deposits and disbursements.

Restore Funding for Children

We request a restoration of cuts made to Children and Family Treatment and Support Services (CFTSS) and fulfillment of the State's promise to increase access to services through Medicaid redesign.

By bringing children with mental illness or serious emotional disturbance into Medicaid managed care, specifically the creation of CFTSS, hundreds of thousands of children and families should be receiving additional services. However, rate cuts instituted on January 1, 2020 threaten access to these services, with some providers de-designating because they are unable to provide the services at the new rates.

When CFTSS was created, the State estimated that 200,000 children would be eligible, however less than 5% (~9,400) are currently receiving services. These services are a critical investment to ensure that children and families have access to the care they need to grow up to lead healthy, productive lives. 65 to 70 percent of children in the juvenile justice system have a diagnosable mental illness, and only 57 percent of students with an emotional disturbance graduate from high school. CFTSS, if properly implemented and resourced, will ensure these children succeed in life, graduating from high school, working, and living in their community.

Integrating Care to Improve Quality and Access

The Legislature should take a lead role in creating a fully integrated license for mental health, substance use and primary care services. Individuals need access to these services in one place from providers who can seamlessly communicate about the multiple health needs of the individual. Unfortunately, current regulations make it difficult for providers to integrate care.

Agencies that want to integrate mental health, substance use, and primary care services face confusing and conflicting regulations from multiple state agencies (OMH, OASAS, DOH) that make integration challenging and increase costs. Providers must build unnecessary walls, extra waiting rooms and separate entrances to comply with these burdensome regulations, all while trying to make this separation of services invisible so that clients can seamlessly transition from one type of care to another.

The Legislature should build on existing programs that offer clear models for integrating care, specifically the Certified Community Behavioral Health Clinics. Under the federally funded CCBHC model, organizations provide integrated mental health and substance use treatment services, in addition to primary care screenings and receive a holistic reimbursement rate that covers the entire cost of care for the client, regardless of the client's primary diagnosis. New York has 13 CCBHCs that provide services in 17 locations throughout the state, including both urban and rural areas. Initial results from the program found that the CCBHC funding allowed clinics to substantially expand staff and through this, to expand services, including increased peer services, more crisis therapy, and the ability to provide more comprehensive services to high-risk patients. Every CCBHC in NY has reported that through the program, they have increased the number of clients served, and that the majority of new clients were not previously enrolled in care despite having a mental health or substance use need.

Integrating care in this fashion also allows providers to directly address New York's public health epidemics. CCBHCs expanded opioid treatment capacity in a number of ways, including training staff or community partners in naloxone administration, beginning to offer medication-assisted treatment (MAT) or expanding MAT programs and implementing screenings for opioid use disorder.

Without integrated care, providers aren't able to treat the whole client. They may be able to treat a mental health need or a substance use need, but not both. This harms clients, by failing to provide access to the full spectrum of care. It also increases costs because treating a mental health issue without treating a substance use disorder, or vice versa, is like solving half of a puzzle. DO WE WANT TO MENTION AGAIN TH E PARTNERSHIP WITH ASAP?

Comment [NC1]: Really up to you – might make more sense to mention again in oral testimony. Less necessary in the written remarks.

New Yorkers and the providers who serve them need integrated care. The Legislature should build on the existing CCBHC model, as well as programs under DSRIP, to create a sustainable integrated license available to providers throughout the state.

I appreciate the opportunity to provide testimony today. With the partnership of the Legislature, we can ensure that New Yorkers with behavioral health issuers have the care that they need in the community, and that the providers who serve these New Yorkers will be sustainable for decades to come.

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