



Testimony

Joint Legislative Budget Hearing

Mental Hygiene

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Submitted by:

Paige Pierce, Chief Executive Officer

Brad Hansen, Public Policy Director

Families Together in New York State



Families Together in New York State 2020 Joint Mental Hygiene Testimony

Families Together in New York State is a family-run organization that represents families of children with social, emotional, behavioral health and cross-systems challenges. Our goal is to ensure that *ALL* children and youth have the support they need in order to succeed. We represent thousands of families from across the state whose children have been involved in many systems including mental health, substance abuse, special education, juvenile justice, and foster care. Our board and staff are made up primarily of family members and youth who have been involved in these systems.

Families Together 2020 Policy Agenda is created by families of children and youth with social, emotional, behavioral and cross-systems challenges.

In 2011, the first Medicaid Redesign Team was launched. It was my honor to serve as a member on the Children's Behavioral Health MRT sub-group- which itself was a subgroup of a subgroup. The central premise of redesign was that New York could rein in costs by investing in better, more creative, preventive health care strategies.

Back then, we knew that the children's behavioral health system was under-resourced. We knew that we had insufficient capacity to meet the needs of our children. The state acknowledged this reality. For children—unlike every other aspect of Medicaid, we resolved that the state could spend funding most effectively by actually investing more. However, the children's plan would be implemented last.

But now, in 2020, despite delays by the state in 2018, the new services are finally here. I wish I could report that our vision has become a reality. I wish I could praise the state for leading the nation in respect to child and adolescent behavioral health. But instead, we must acknowledge a new reality.

After 9 years, the promised expansion of children's behavioral health system has not come to fruition. The state promised that 200,000 newly eligible young people would be able access a suite of innovative and evidence-based services known as the Children and Family Treatment and Support Services (CFTSS). These services were designed specifically to meet children and families up to age 21 where they are at: delivered in their homes, school and community. Instead of waiting for families to reach crisis and rely on emergency rooms, residential placements, and police involvement, we were finally going to treat young people early and regularly, before crisis, in the communities they live in.

Today, only 6,400 children are utilizing these services. Is this because children no longer need these services as they did back in 2011? No. In fact, depression and anxiety are rising among children, adolescents and persist well into adulthood. Seventeen percent of high school students reported seriously considering a suicide attempt. Suicide is the 2nd leading cause of death among 15-19 year olds. One of five children has one or more emotional, behavioral or developmental condition, yet 54% of those children did not receive treatment when they needed it.

Almost a decade since the MRT acknowledged the children's capacity crisis, the expansion of the children's service system has been delayed so long and supported so sparingly that the non-profit community-based organizations and their workforce, while eager to carry out their incredible work, have

been left in disarray.

How did it come to this? It started with setting rates. Despite the difficult and complex nature of this work, rates were set drastically lower than actual cost of delivering these services. It was explained that the expanded volume would more than make-up for any shortfalls in the base rate. Additionally, the first year of services would open with an enhanced rate with the goal of jump-starting these services to help cover startup costs. Those too were lower than the cost of services, but it was something...

Then came the announced delay of implementation. Though we fought hard against these delays, the outcome was that the rollout of these services would be staggered. This proved a significant disruption for non-profits who spent years preparing for implementation.

On December 31st of last year, despite outcry from the children's behavioral health community and with these services barely off the ground, the enhanced rates were rolled back as scheduled. The enhanced rates meant to jump-start the work of these agencies weren't enough to keep the doors open and pay workers attractive wages. Staff turnover is at an all-time high. Many agencies are pulling back from delivering these services. In-home services meant to cover multiple counties can only afford to travel 15 minutes from their home office. Waitlists are common. In some parts of the state, it can take half a school-year to get into a therapy program that serves kids and have to travel hours just for an assessment.

The bottom line is that despite the fanfare and despite the years of preparation, we are not reaching nearly the number of children the state promised to serve. How does the state justify abandoning these services by moving forward with these rate cuts?

Today, Medicaid is overspent by the standards set nearly 10 years ago and before the plans set forth in the original MRT have been realized, a new MRT II will now envision how they can reduce co. and shift costs locally. Years of experience in state advocacy has me worried that children and families could be harmed in the crossfire. Will children again be sent to the back of the line? Will children have to wait yet another decade for their needs to be a priority?

I hope not. We must put children first. We must invest in services that strengthen families and help young people reach their potential. In a growing body of research, evidence is clear that exposure to childhood traumas, known as Adverse Childhood Experiences (ACEs), can lead to poor health, mental health and socio-economic outcomes later in life- health outcomes that are no doubt driving the increasing costs of Medicaid. Our failure to make robust investments in the mental health of young New Yorkers a decade ago cannot be the reason we don't invest now.

What we do this year will impact entire generations of New Yorkers moving forward. That's why we are proud to help lead the Campaign for Healthy Minds, Healthy Kids in calling for a moratorium on all cuts to children's behavioral health services and to restore recent cuts to the CFTSS rates. We also join an unprecedented coalition of human service organizations through the 3 for 5 Campaign in calling for 3% increase on contracts and rates for the human services sector for the next 5 years because our human service workers so incredible work and deserve to earn a decent living.

SUMMARY OF OUR CHILDREN'S BEHAVIORAL HEALTH AGENDA

Address the Children's Behavioral Health Crisis: All children, youth and their families, regardless of insurance status, must have timely, affordable access to appropriate children's behavioral health services within their community.

- Place a moratorium on any cuts to children's behavioral health services and restore enhanced rates for CFTSS services.

- Ensure robust and adequate rates for children’s behavioral health services – in commercial insurance, Medicaid, and CHP.
- Provide a 3% increase on contracts and rates for the human services sector for 5 years.
- Hold health plans accountable and enforce mental health parity laws on behalf of children and youth.
- Maintain and expand program code 1650 state-aid funding for Family Peer Support and Youth Peer Support.
- Expand service capacity for community-based prevention, treatment and recovery and recovery-orientated addiction programming.
- Expand clinical and non-clinical mental health services in schools.
- Establish mechanisms to identify, analyze, and address systemic barriers that prevent children and families from accessing timely and appropriate services.
- Support the School Mental Health Resource Training Center and fund school climate reform, alternative discipline and restorative practice training in schools.
- Establish the Behavioral Health Parity Compliance Fund, which would consist of funds collected from penalties assessed on insurance carriers who violate New York’s parity laws.