



Testimony Submitted to the Joint Legislative Budget Hearing on Mental Health

February 14, 2022

Thank you chairs Weinstein and Krueger for your diligence in hearing community reaction to the Executive Budget Proposal. Thank you chairs Gunther and Brouk for your leadership of each house's mental health priorities. The NYS Coalition for Children's Behavioral Health is the leading advocate for expansion and access to children's mental health services in New York. We develop our program and budget priorities by including the family voice. What families are overwhelmingly telling us is, "Solve your workforce crisis so my child can access treatment."

Overview of the Children's Mental Health Crisis

The sector has been unable to sufficiently respond to rising demand for children's mental health, substance use, and prevention and preventive services. In October 2021, National Physician and Hospital Association declared a NATIONAL STATE OF EMERGENCY in children's mental health, citing Centers on Disease Controls' youth suicide data and unmet need for services. Children are ending up in emergency rooms for days on end in crisis because they don't have access to the services that they need.

- Nationally, according to a survey released by the National Council for Mental Wellbeing in October 2021, demand for mental health and substance use treatment has increased nearly 80% over the past three months, continuing a steady rise that began more than a year ago.
- In the same month, 76% of the Coalition's member agencies reported that they have paused intake for services because of workforce shortages.
- And nationally, over 140,000 children have lost a parent or caregiver to the COVID-19 virus, about 7,000 of them New York's children. The adverse childhood experience of losing a parent or primary caregiver sets every one of these children up for higher risk of unhealthy, unproductive lives based on well-established research. The only remedy is immediate access to care and treatment that responds to their experience.

Rates & Rate Reform:

When child and adolescent behavioral health care is not reliably available in communities, pediatric Emergency Departments become the default option for providing on-demand attention. In (name your county or city) access to children's mental health services is terrible.

The lack of community care means the demand on pediatric Emergency Department care to provide children's behavioral health care is on the rise. It is costly. It is not effective. A recent study to assess the true cost of caring for nonacute behavioral health patients showed that the cost of caring for one child in a pediatric ED is approximately \$219 an hour, with most activities offer little to no value to the child or family.

We will be urging the Legislature to assist us in ending dependence on low-value ED care and instead fund good quality care with permanent rate changes. The Governor's budget begins that process and we hope this entire list can be included the State Budget agreement:

- \$7.5 million for better rates and more Home and Community Based Intervention (HCBI) opportunities (proposed by the Governor)
- \$7.5 million for better rates to save the remaining 274 child & adolescent beds in the Residential Treatment Facilities (RTFs) (proposed by the Governor)
- eFMAP and COLA funding to give Art 31 outpatient clinics a 10.67% rate increase (proposed by the Governor)
- Ensure the expansion of children’s ambulatory behavioral health services under CHP aligns with the extension of the APG rates** (details at the end of this testimony)
- **ADD \$4 million** to prevent a funding cliff for the programs added under Medicaid redesign, including child and family treatment and support service/the consolidated children’s home and community-based waiver so the scheduled sunset of a 25% rate enhancement on October 1, 2022 can be avoided and the comprehensive rate review being promised by the state agencies can occur (Proposed by advocates)
- **ADD \$5.5 million** to support county-by-county expansion of family support services for non-Medicaid families as the number of children who are presenting with mental illness for the first time can access respite, skillbuilding, family peer, youth peer and care coordination, so families can build their own resiliency as they wait to access treatment for their children in a severe access crisis
- **ADD \$12 million** to create a short-term hospital diversion service for complex care/cross systems youth that offers families immediate access to safe, out-of-home services while a child and the family prepare for transition to intensive in-home services or until a longer-term opportunity is available. (Proposed by advocates)

Workforce & Workforce Investments

The children’s mental health system has been neglected and under-funded for decades. The state cannot ignore the national identification of a Children’s Mental Health Crisis by the US Surgeon General and the American Academy of Pediatrics. Availability of federal funding isn’t enough to address the workforce crisis. We need state funding investments too. We cannot solve the children’s mental health access crisis without addressing the children’s mental health workforce shortage. That is why we ask that you support the following initiatives in the State Budget:

- The Governor’s recommendation for \$38 million in the OMH budget for workforce bonuses is a good start. We urge consideration of grants to those who work fewer than 20 hours per week be included. This would include peers, part-time elderly workers and college students who are all a valuable part of our workforce.
- The Governor’s recommendation of \$95 million for a 5.4% cost of living adjustment for employees OMH licensed non-profit agencies is a good workforce investment. We want to ensure any future consideration use the new proposed language because it includes children’s providers of CFTSS and HCBS who had been left out in previous COLA allocations. A commitment to 5 consecutive years of COLAs is needed.
- Consider adding a \$600 Children’s Direct Care Worker retention state income tax credit for the next 5 years to keep those hardworking and dedicated care givers on the job.
- Consider funding a \$6 million MA in Mental Health Scholarship Fund to expand the pipeline of new practitioners (A8501/S7553)
- Consider adding \$5 million to existing Child Welfare Worker Scholarship and Loan Forgiveness and making all social work and licensed mental health worker employed by Art 29i and Art 31 children’s providers eligible for the program

Requests not Addressed by the Governor:

We recommend three areas of key importance be considered by the State Legislature: 1) addressing the needs of the emerging population of children and families who have never accessed the children’s mental

health system before 2) addressing the distinct capital needs of the behavioral health and developmental disabilities providers; and 3) ensuring the discussion about re-procuring Medicaid Managed Care contracts in general be separate and distinct with decisions about re-procuring contracts for plans authorized to serve high-needs populations, like children with severe emotional disturbances.

Family Support Services –

Adding funding in the amount of \$5.5 million for Family Support Services Program would provide counties additional support for services that families newly emerging with needs. Families have identified the following services as the ones they need the most as they wait to access treatment, which is not readily available due to the access crisis. These services can assist them as they learn to manage their child's symptoms and treatment and become empowered to address self-care and support their other children. The services include:

- Respite
- Skill-building
- Youth Peer Support
- Family Peer Support
- Care coordination

The funding should be distributed to counties in the same way the Dwyer Veterans Services funding is distributed so counties can make local decisions about how the funds are utilized. We respectfully request that you include this funding request as one of your mental health budget priorities.

Specific Children's Mental Health Capital Needs -

Although the proposed budget includes \$50 million for the Nonprofit Infrastructure Capital Investment Program (NICIP) and \$1.2 billion for a new phase of the Statewide Health Facility Transformation fund, we suggest a more targeted approach for the capital needs of behavioral health and developmental disabilities providers.

By amending Part K, itemizing a \$1 billion Statewide Behavioral and Developmental Health Care Facility Transformation Program we can target the specific capital needs of those providers. Rather than perpetuating a small carve out for specialty behavioral and developmental health facilities in the Statewide Health Care Facility Transformation Program we can tailor the language to the capital needs of that specialty segment of the health care delivery system. It is essential that the funding respond to the exploding demand for behavioral and developmental health care services and the needs of the aging developmental capital infrastructure.

Alternatively, we urge that you to acknowledge the National Emergency in children's mental health and restore the \$50 million Children's Mental Health Capital Fund from Fiscal Year 2019 if a larger sector-specific program is not feasible.

Medicaid Managed Care

In 2019, the state began moving previously exempt children's populations into Medicaid Managed Care. It hasn't resulted in better access or more services for this population. While we support the re-procurement of the mainstream Medicaid contracts, we hope special attention will be paid to the conditions under which plans can contract with providers of services to specialty populations. Neither do we think many are doing a good job, nor do we believe having all available plans eligible to cover the lives of children with special needs is a good idea.

Let me share an example, after we successfully convinced the Legislature to include children's ambulatory services in the last APG rate extension. We thought the plans approved by the state to cover Child Health Plus beneficiaries would comply with the law. Some of the plans followed the law enacted by this body and signed by the Governor, but some did not. As children with behavioral health needs are moved into Medicaid Managed Care for more and more services (only clinic, CFTSS and HCBS are in Medicaid Managed Care right

now) we believe the plans that don't follow the law should no longer be considered to cover the lives of children with special needs.

That experience as well as the recouped funds in this budget are enough evidence for the Coalition to support the re-procurement, stronger selection criteria and stronger model contracts that protect children who are struggling to access services.

****CHP recommendation**

- Extending the APG rates for clinics, Part 584 crisis stabilization centers and ambulatory behavioral health services for children covered by Child Health Plus is proposed in Part LL of the Health and Mental Hygiene Art VII legislation. We support the proposed sunset date of March 31, 2027 to support the clinic services through the COVID recovery period as demand for clinic services is at an all time high and our workforce challenges are many. Rates for behavioral health services covered by the Child Health Insurance Program are currently mandated to be paid at the government (APG-approved patient group) rate.
- In Part U of the Health and Mental Hygiene Art VII legislation is the proposed expansion of children's ambulatory behavioral health services covered by Child Health Plus insurance plans. We strongly support enacting this recommendation. However, we suggest that the application of the APG requirement for the CHP ambulatory behavioral health services for children be cross-referenced in Part U so plans have no confusion that the mandate to pay the APG rate applies to existing and expanded behavioral health services for children. We have had difficulty getting the plans to pay the APG rate although it is explicit in the statute. The plans claim DOH never appropriately notified them of the law.

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