



PO BOX 7124, ALBANY, NY 12224

CBHNY.ORG

CCBHNY@GMAIL.COM



Testimony Presented by:

Maria Cristalli, Board Chair

NYS Coalition for Children's Behavioral Health

President and CEO, Hillside

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Joint Legislative Budget Hearing

Mental Hygiene

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Good afternoon, my name is Maria Cristalli and I am the President and CEO of Hillside and the Board Chair of the NYS Coalition for Children's Behavioral Health.

The New York State Coalition for Children's Behavioral Health is the voice of children, families, and providers in New York's children's behavioral healthcare continuum. The Coalition represents 46 provider agencies, serving tens of thousands of children and families throughout New York State, and we work collaboratively with families, State agencies, and other statewide advocates to support the implementation of policy that best serves the needs of children with mental, emotional, and behavioral health challenges, and their families.

Beginning with some data

- According to the OMH vital signs dashboard (VSD), 26% of kids statewide receive no follow-up in the week after a mental health-related hospitalization, and 10% are readmitted to a hospital within 30 days.
 - In WNY, 29% received no follow-up after MH hospitalization,
- (From VSD) 23% of children prescribed an antipsychotic medication statewide did not receive first-line psychosocial care
- (From VSD) 41% of children prescribed an ADHD medication statewide (45% in WNY) received no follow-up visit with a prescriber in the 30 days following the initial prescription.

Other food for thought

- The fact that NYS is considering adding excused mental health absences for students (<https://pix11.com/news/local-news/manhattan/mental-health-days-for-kids-in-school-legislators-consider-making-it-law/>) is one more piece of evidence that kids don't have access to the behavioral health support they need to make it through a school day, let alone thrive.
- 2021 Healthy Minds Study (https://healthymindsnetwork.org/wp-content/uploads/2021/09/HMS_national_winter_2021.pdf) data shows:
 - 41% students screen positive for depression
 - 34% students screen positive for anxiety
 - Only 52% of students who screened positive for depression or anxiety received any mental health counseling
- Needs have only increased as pandemic progressed
- Equity concerns (<https://www.the74million.org/article/survey-mental-health-top-learning-obstacle/>)
 - LGBTQ youth 30% more likely than straight peers to experience suicidal ideation
 - Non-white students 7-10% less likely than white peers to access MH counselor, school psychologist

Hillside serves nearly 10,000 families in 47 upstate counties each year. Hillside provides youth and families with individualized services in the areas of mental health, child welfare,

juvenile justice, adoption, special education, development disabilities, health and safety net. For some of our community-based mental health services, children and families are waiting months before we are able to serve them. This is also true of dozens of other Coalition members around the state because of the dire workforce shortage and chronic underfunding of the children's behavioral health system.

We are pleased to see numerous investment proposals in the Governor's Executive Budget that will enable us to continue our work, including:

- \$10m to support a 25% school-based mental health rate increase as well as startup funding for additional school-based clinic sites
- \$10m to support grants for high-risk youth suicide prevention programs
- \$5m to support increased high-fidelity wraparound care management services for youth with complex behavioral health needs
- \$7.5m to support additional home-based crisis intervention teams, including teams specializing in dually diagnosed youth
- \$7m to expand HealthySteps into more pediatricians' offices

We are thrilled to see the commercial insurance provisions that will begin to close loopholes in coverage of behavioral healthcare:

- Requiring coverage of school-based mental health clinic services will open up access to thousands of students across the state who, despite having behavioral health services available right in their schools, have been unable to receive services because of their insurers.
- Requiring insurers to pay at least the Medicaid rate for out-of-network behavioral health services without cost-sharing is, sadly, a huge step toward parity because of the abysmally low rates insurers currently pay most behavioral health providers (routinely less than half of the Medicaid rate for the same service). The language must clarify that it refers to the **Medicaid APG rate**, however, to ensure that no lower rates are used as a benchmark.
- Requiring coverage of crisis services, care coordination, assertive community treatment, and other outpatient services is an important step toward parity and will hopefully offer more families the services they need when they need them.
- These changes have the potential to shift the dynamic of Medicaid and nonprofit providers subsidizing for-profit insurers in the behavioral health sector.

In addition to the reimbursement issues for theoretically covered services, private insurance does not cover a wide range of critical behavioral health services at all, including Child and Family Treatment and Support Services (CFTSS) and the Home and Community Based Services (HCBS) which were part of the Medicaid Redesign. As mentioned above, private insurers also generally pay less than 50% of the Medicaid rate for the behavioral health services they do cover. This is unacceptable.

Building on the Governor's framework in Article VII part II, we urge you to consider requiring commercial insurance to cover CFTSS. These services support children and their families with mental health and substance use needs in their homes and communities, often preventing the need for more intensive (and expensive) out-of-home services and dramatically improving quality of life. These services should be available to **all** children, not just children eligible for Medicaid.

Workforce & Workforce Investments

The children's mental health system has been neglected and under-funded for decades. We cannot solve the children's mental health access crisis without addressing the children's mental health workforce shortage. The Executive Budget includes several initiatives aiming to expand access to community-based services, but this potential is destined to remain unfulfilled unless we **fund the workforce necessary to implement these and all other programs.**

Inflation dramatically raised the cost of everything from eggs and fuel oil to professional insurance, all of which affect children's behavioral health providers and their staff. The 2.5% cost of living adjustment (COLA) in the Executive Budget does at least acknowledge that **an increase is necessary for our sector to function**, but it does not support that functioning. **The entire human services field has been calling for an 8.5% COLA because that is the minimum needed** to make up for inflation, keep facility lights on, and raise salaries to support and attract the employees our communities rely on for critical services. We urge you to include foster care prevention, domestic violence and children's health home programs in an 8.5% COLA.

The children's behavioral health and wider human services sector is an extension of the health care system, but it has never been treated as such. Our members, community-based provider organizations, already lose staff and clinicians to hospitals and large health practices because those facilities are able to pay higher salaries. Continuing to raise hospital and nursing home reimbursement rates considerably more than community-based behavioral health rates, as proposed, will only exacerbate this problem and further deprive the children's behavioral health field of critical service providers.

We appreciate the Governor's addition of \$5m to the OMH Community Mental Health Loan Repayment Program, for a total of \$14m, and expansion to include titles beyond psychiatrist & psychiatric nurse practitioner. As long as the program is expanded to include **all licensed mental health practitioners**, this investment will help to reduce barriers and facilitate a diverse pool of the full range of licensed children's mental health practitioners to serve in the communities that need them most. Increasing the number of licensed mental health professionals is one of our biggest priorities and a solution to overcoming the increased demand for behavioral health services, which is why it is critical that OMH expand the eligible practitioners in statute and bring the total funding up to \$20m.

We also urge the state to create and fund **a scholarship program for students pursuing mental health practitioner degrees**, similar to the "Nurses for Our Future" Scholarship

program. Especially in underserved communities, taking on college debt is a barrier itself, regardless of the prospects for loan forgiveness later. Scholarships would enable students who might otherwise be unable to attend college at all to pursue degrees in much-needed professions, which is critical to creating a representative diverse workforce, and including Masters level education would support more diversity in supervisory roles.

People of color make up the majority of the staff and/or clients served in many of our community-based children's behavioral health organizations, and our workforce is primarily women. For example, the race and gender of Hillside staff reflect the children and families we serve. However, people of color are underrepresented at the manager, director and executive levels of leadership. This is not unique to Hillside, and it is clear that wage and education issues in our sector are also equity issues, not just economic ones.

The bottom line is that in order to carry out our shared vision of a New York State that offers all children and families access to the care they need to thrive, we need to put considerable resources behind the individuals and organizations best-equipped to serve them.

Thank you again for the opportunity to testify today. The NYS Coalition for Children's Behavioral Health looks forward to working with all of you to ensure children and families who rely on us for their health and wellbeing have access to the critical services they need, when they need them.