



**Children's Health Home of Upstate New York**  
*Family Driven Care Management Services*

**TESTIMONY OF:**

NICOLE BRYL

CHIEF EXECUTIVE OFFICER

CHILDREN'S HEALTH HOME OF UPSTATE NEW YORK

**PRESENTED TO THE:**

SENTATE FINANCE COMMITTEE & ASSEMBLY WAYS AND MEANS

**JOINT LEGISLATIVE BUDGET HEARING: MENTAL HYGIENE**

FEBRUARY 16, 2023

## **Summary of Recommendations:**

- Invest in workforce to achieve the goals of this budget by increasing the proposed Human Services COLA to 8.5% to align with the consumer price index.
- Specifically identify Children’s Health Home as an eligible program for the Human Services COLA. Due to the bifurcation of the health home program, the Children’s Health Homes are excluded while Adult Health Home Plus and OPWDD Health Homes are included.
- Expand workforce recruitment and retention efforts related to loan forgiveness and scholarship funds for unlicensed, community-based, human services workers serving children.

Good afternoon, my name is Nicole Bryl, and I am the CEO of the Children's Health Home of Upstate New York (CHHUNY). I would like to thank all members of the committees for the opportunity to provide testimony regarding the Governor's Executive Budget for the State Fiscal Year 2024.

CHHUNY is the second largest health home designated to serve children and youth under the age of 21, serving over 13,500 members each month and almost 18,000 unique members annually. CHHUNY provides health home care management services in fifty-five (55) counties in upstate New York through a network of over ninety (90) care management agencies. These agencies are often not-for-profit child-serving organizations; providing an array of mental health, physical health, foster care, and community-based services for the children and families we serve. Our population consists of seriously emotionally disturbed (SED) children, medically fragile children, children with multiple chronic conditions including mental health illnesses, intellectual/developmentally disabled children, children who have experienced complex trauma or adverse childhood experiences, and children with HIV/AIDS.

I want to start by commending Governor Hochul for the significant investments in mental health and human services she has proposed in her Executive Budget. With over 75% of the children and young people we serve experiencing at least one mental health condition, we applaud her acknowledgement of the dire need to support this sector due to the historical underfunding under previous administrations.

There are many items within the Executive Budget that CHHUNY supports but today I am here to advocate on behalf of the 1,000+ individuals that make up the

Children's Health Home care management workforce and the children and families we serve. I am here to ask for the legislature's support in ensuring that the Children's Health Home program is specifically identified as an eligible program for the proposed Human Services COLA. In addition, we support Senator Brouk's bill, S1291, in establishing an annual cost of living adjustment for the human services sector in an amount equal to the consumer price index, which would equate to an 8.5% COLA that is needed this year instead of the proposed 2.5% in the Executive Budget.

### **CHILDREN'S HEALTH HOME**

The definition of human services is an interdisciplinary field of study with the objective of meeting human needs through an applied knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. I can think of no other program that, at its core, is designed to accomplish exactly this. Children's Health Homes are focused on prevention, remediation, maintenance, and improving long-term outcomes for our most vulnerable children and families in New York State (NYS).

Over the last 6 years, care management services for children have been consolidated under the Health Home model to streamline and simplify the children's system of care. OMH Targeted Case Management transitioned in 2016 and then six (6) waiver programs previously under OMH, OCFS, and OPWDD state agencies transitioned in 2019. With these transitions came immense responsibility and new requirements to understand all systems of care for children, truly breaking down siloes by consolidating pathways to care and

ensuring no wrong door for struggling families. Although we still experience barriers to collaboration within the systems, we have made great strides over the past 6 years and developed a solid infrastructure to support children and families navigating the complex service system.

Unfortunately, during this time period, the state has failed to support our program through these transitions and added responsibility. Children's Health Homes were excluded from the 5.4% COLA last year and without your support to explicitly identify our program as eligible in this year's budget, we again we will be excluded from a COLA, while our colleagues who serve health home members in OPWDD or OMH Health Home Plus have benefited from the COLA the past two (2) years. Due to the bifurcation of the program and our DOH oversight, we are consistently left out of any funding opportunities and our only source of income is the rates.

**Since the inception of this program six (6) years ago, our rates have increased only 1%.** Employer costs have increased significantly, from increased health insurance premiums, professional liability insurance, IT infrastructure, compliance and security, software systems, etc.; making it impossible to increase salaries for our hard-working Care Managers who are now taking second jobs to provide for their own families. How are we expected to maintain a dedicated workforce in the children's system if they can do the same job for more money if they work in the adult system? When are we going to start supporting the children by supporting those who choose to work with them?

Children's Health Home services are not Adult Health Home services. Our systems are multifaceted and the addition of family dynamics and legalities for minors

adds a level of complexity that is not to be underestimated. Our Care Managers are expected to know how to navigate state plan services, OMH, OCFS, OPWDD, OTDA, State Education, Early Intervention, managed care, waiver eligibility and services, and so much more. Most people who work within one system can't even comprehend all of the policies and processes for just that system, let alone all of them. And although it is a big lift to ask of one person, our Care Managers are doing it successfully.

We are seeing positive outcomes such as; increased annual primary care visits and annual dental visits, increased compliance with metabolic monitoring when a child is on two or more anti-psychotic medications, and improving the completion of post-hospitalization outpatient appointments which reduces readmissions, all while addressing social determinants of health that may be impacting the child's ability to succeed at home, in school, and in their community. Over 60% of the children who enroll in our program identify barriers to attending school, 54% are on an IEP or 504 Plan at school, 10% are involved in the foster care system, 15% are OPWDD eligible, 21% are HCBS eligible, and 22% experience barriers to transportation related to medical and behavioral health appointments. Our Care Managers work tirelessly for the children and families they serve, to reduce these barriers and place these children on a trajectory of success.

On average, Children's Health Home Care Managers make a salary of \$42,000-44,000 annually. There is no surprise our workforce is leaving the field as they have been underpaid and undervalued for years, expected to be on-call 24/7, burdened with heavy paperwork requirements, and we cannot forget the

emotional stress with this position can be overwhelming when working with children who have experienced abuse, neglect, trauma, and terminal illnesses.

## **CONCLUSION**

We ask that the legislature ensure this vital workforce is included in the Human Services COLA at 8.5%. Often, the Health Home Care Manager is the only available resource to address the needs of the children and young people given the significant access issues for services in our field today. With care management at the crux of most major health care initiatives moving forward, including the 1115 Waiver concept and value-based payment models, it is vital we invest in this overlooked and underappreciated workforce that has already built a solid infrastructure to support health care reform initiatives and payment reform.

Without these investments, our services and supports will continue to be extremely limited in availability, to almost non-existent for the already underserved population. This budget is a step in the right direction and with the support of the legislature, we can continue to improve the outcomes of New York's children and families. Thank you for your time today.