



**NEW YORK STATE LEGISLATURE  
2023 JOINT BUDGET MENTAL HYGIENE HEARING  
February 16, 2023 – 9:30 AM**

Thank you to the members of this committee for allowing us to submit testimony. My name is Amy Dorin, President & CEO at The Coalition for Behavioral Health. The Coalition represents about 100 community mental health and substance use providers which serve thousands of New Yorkers every day. Our members are struggling every day to help those in their communities, as the behavioral health sector experiences a severe workforce shortage.

We are certainly pleased with the significant allocation for mental health that Governor Hochul has included in her SFY 2024 proposed Budget. However, these plans cannot be realized without an **8.5% Cost-of-Living Adjustment**. This investment is essential to realize the many initiatives in the Executive's proposed budget and to enhance access to care and needed services for New York's adults, children and families. Thousands of New Yorkers cannot access mental health and substance use care currently, because there are not enough people working in this field. At a time when demand for behavioral health services is at some of the highest levels ever seen, behavioral health providers are forced to open waitlists, reduce program capacity, and in some cases, close programs, due to an insufficient workforce. The Legislature and the Governor took some important actions in last year's budget to help with our workforce issues. While helpful, these actions did not sufficiently bolster the workforce. A much larger effort, spanning several different areas, will be essential to build the behavioral health workforce.

**The Current Crisis**

Prior to the COVID-19 pandemic, New York already had a shortage of mental health and substance use workers. However, this shortage has grown substantially over the course of the pandemic. Many individuals, after working for months to help New Yorkers through the pandemic and the racial reckoning that occurred, became burnt out and left the field for higher paying, easier jobs in retail and other sectors. Additionally, for-profit ventures have hired behavioral health professionals at salaries \$20,000-40,000 than community providers can pay, often for fewer hours and to work with individuals whose mental illness is less serious. The pandemic has also lowered the barriers to private practice, resulting in a large group of professionals choosing to open their own practices, which typically do not take insurance, or only take commercial insurance, rather than Medicaid.

This exodus from the workforce is happening at a time when demand has never been higher, and the result is devastating for New Yorkers. People are not able to access the mental healthcare they need. Individuals with depression, anxiety, and serious mental illness are attempting to get by without the life-saving services. The result of this terrifying:

- Overdose deaths increasing 68% from 2019 to 2021.<sup>i</sup>
- 40% of New Yorkers reported they had poor mental health in 2021, and 32% had symptoms of depression and/or anxiety.<sup>ii</sup>
- Children and youth mental health is in crisis. Suicide rates are rising, particularly among Black youth.<sup>iii</sup> Emergency department visits for suicide attempts increased by 51% among girls 12-17 in 2021, compared to 2019.<sup>iv</sup> A national emergency in child and adolescent mental health was recently declared by the American Academy of Pediatrics and two allied organizations, followed by the Surgeon General issuing an Advisory on Youth Mental Health.

### **What Is Needed**

New York has never had a sufficient behavioral health workforce. As we work to recover from the pandemic, the State has an opportunity to develop this workforce and meet the needs of the present moment and set the system up for future success. The present situation is dire!

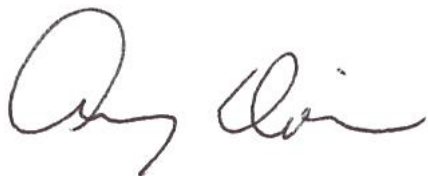
- **Budget Actions:**
  - **Fully Fund an 8.5% COLA for OMH, OASAS and relevant DOH programs.** These dollars will be used to stabilize providers that are facing a range of increased costs. They can and should support staff salaries, but in addition will be used to purchase laptops and cell phones for staff, to upgrade EHRs and other systems to improve workflows, and to help employers handle the increase in health insurance costs. All of these activities increase job satisfaction and are essential to retaining existing employees, as well as attracting new employees. It is critical that this funding apply not only to OMH & OASAS programs, but to programs at DOH that serve behavioral health clients, including health homes and children's services.
  - **Invest \$500M in Behavioral Health Workforce, Supports and Services by increasing rates for unrestricted flexible funding.** Unless there is an investment in this sector and in our agencies, tens of thousands of New Yorkers will go untreated. Community-based organizations are suffocating under the weight of increased costs for technology, insurance, compliance and more. This funding should be available to Medicaid and contract providers in the adult and children's behavioral health system. Community resilience cannot happen unless people are served for mental health and addiction problems.
- **Increase Access to Integrated Care:** People with multiple addiction, mental health, health, and social service challenges deserve access to no-wrong-door, consumer-centered, integrated services. Support for creation of such services should be prioritized in addictions and mental health service settings as New York develops

regulatory and reimbursement frameworks in the context of the new Medicaid Waiver.

- **Expand the CCBHC model of care** which integrates services and promotes financial sustainability of our sector.
- **Expand housing options and reduce the regulatory requirements that guide admission;** provide onsite mental health services to help people deal with trauma.
- **Increase access to children's services,** given the numbers of children and families who are suffering as a result of the pandemic; the lack of access for children and families will lead to untold ongoing problems over the next decades.
- Throughout our system, **infuse and set the expectation of the values of diversity, inclusion, and antiracism** through training, technical assistance.
- Ensure that underserved communities are served through **building a telehealth infrastructure and build a workforce that will visit people in their homes to ensure access to care.**
- **Preserve the Health Home Care Management Program** to restore the proposed \$100 million cut. It will significantly impact the many HARP enrolled clients who rely on care management as a safety net.
- **While there is a need for some state hospital beds, these should be kept at a minimum** to avoid the harkening back to 50 years ago, when institutionalization was a prevalent trend; focus on funding must be on making the community-based system a robust one.
- **Reimagine our behavioral healthcare system, so all New Yorkers can access care when they need it and for however long they need it. While our system has accomplished a great deal,** we recommend the convening of a blue-ribbon panel that develops a comprehensive plan to ensure that our system is thoughtfully reenvisioned and is based on the voices of all New Yorkers. These ideas are presented in our recent white paper: [Final - Rescuing New York BH System\\_112222](#)  
[final\\_122022\\_revised\\_v2.docx](#)

Thank you for the opportunity to provide this testimony. We must take bold action to stabilize the behavioral health workforce and increase access to care. The health of our communities depends on it!

Sincerely,

A handwritten signature in dark ink, appearing to read "Amy Levine". The signature is fluid and cursive, with the first name "Amy" and last name "Levine" clearly distinguishable.

Amy Dorin,  
President & CEO, The Coalition for Behavioral Health