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Written Testimony Presented by:

NYS Coalition for Children's Behavioral Health

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Senate Finance Committees

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Health

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About 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 47 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.

A Population in Crisis:
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. 23% of children prescribed an antipsychotic medication statewide did not receive first-line psychosocial care, and 41% of children prescribed an ADHD medication statewide received no follow-up visit with a prescriber in the 30 days following the initial prescription.

Other food for thought:

- 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/) – *this demonstrates 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 throughout the pandemic
- 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

Positions on the Health & Mental Hygiene Bill:
Oppose HMH, Part A – The Medicaid global cap has never produced positive health outcomes and should be eliminated. Rather than allowing a focus on which services children and families need most and what resources providers need in order to offer those services, the global cap creates an arbitrary limit on the Medicaid program as a whole and leads to cuts to vital services and unreasonable demands on providers. When patients lose access to care, their health worsens—and their care gets more expensive. At the end of the day, the global cap is a short-sighted fiscal mechanism that translates to a denial of services for some of the most vulnerable New Yorkers, and higher long-term costs.

Oppose HMH, Part D – We urge the legislature to reject the Governor's proposal to repeal prescriber prevails in Medicaid fee for service. No matter how many times this is proposed, it never becomes a better idea. Prescribers are the individuals best positioned to determine the most appropriate medication for their patients. There is no valid health-related reason to change this practice, and in fact, losing access to the most appropriate medication can be devastating to children with behavioral health needs.

Part H, Essential Plan Reforms – We oppose any further delay in providing Medicaid coverage to individuals who are undocumented; the Administration's efforts to apply for an innovation waiver are fiscally prudent, but they must act with expediency to ensure vulnerable populations are covered, as was agreed to in last year's budget.

Part K, IMD Waiver – We are glad to see funding in the budget and acknowledgement that Federal IMD actions will negatively impact New York's Qualified Residential Treatment Programs (QRTPs) and the young people who rely on them for care. However, we share the concerns of COFCCA and the child welfare residential providers about pursuing an 1115 waiver for these facilities rather than dedicating state-only Medicaid dollars to maintain services while pursuing a Federal statutory fix.

The 1115 waiver option is not a long-term solution to this problem and could have significant negative effects on New York's in-state capacity to serve foster children who need this level of care. The 30-day average and 60-day maximum length of stay requirement CMS would impose at this time is also unrealistic for the current population served, who have been assessed to have significant therapeutic needs that cannot simply be patched up or erased in 30 days.

The waiver is also not a short-term solution because CMS will require RTF-level restraint and seclusion practices, which are more staff and resource-intensive, and are not part of the QRTP

model. Even if the $17m included in the Executive Budget were enough to cover the costs of this, there are not enough practitioners available to fulfill the staffing needs.

We understand that navigating the IMD/QRTP intersection is a challenge with no easy and immediate solution. The solution that will produce continuity of care and prevent out-of-state placements for a very vulnerable subset of our population, however, is to dedicate adequate state-only funds to make up for the potential loss of Federal funds under the current program, and to support Federal statute that exempts New York's QRTPs from the IMD exclusion to ensure access and Federal financial participation in the long run.

Part P, Healthcare Capital – We support Round V of HCFTP capital funding, especially the inclusion of children's residential treatment facilities as eligible providers for these resources. We also urge the Department to immediately release pending awards and open up the application for Round IV opportunities specific to mental and behavioral health providers.

HMH, Part II (SBMHC; Commercial Rate Parity; Enhanced Coverage):
Commercial insurance rate parity provisions are long overdue, but they must go even further to correct years of inadequate networks and barriers to accessing care. Aspects of the proposal we support:

- 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.
- Combined, these changes have the potential to shift the dynamic of Medicaid and nonprofit providers subsidizing for-profit insurers in the behavioral health sector.

We urge the Legislature and Governor to enhance this proposal further by taking the following actions:

- Require commercial insurance of in-network behavioral health services to reimburse providers at the Medicaid APG rate (or a more favorable rate).
- Add Child and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS) as required services to be covered by commercial health insurance policies. These services were added to the State's Medicaid Plan under the MRT I initiative, and they have been added to Child Health Plus as of this year.,These services provide support for 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 and CHP.

Workforce & Workforce Investments:
The record investments in the children's mental health system and workforce made in 2022 have not been carried over into the Governor's FY2024 spending plan. This system has been neglected and under-funded for decades. We cannot solve the children's mental health access crisis without at least continuing and making deeper investments to address 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**.

We urge the Legislature to support the following workforce initiatives:

An 8.5% human services cost of living adjustment (COLA), including children's health home, foster care prevention, and domestic violence programs. The Executive Budget does at least acknowledge that an increase is necessary for our sector to function, but it does not support that functioning. 8.5% is the minimum rate necessary to pace inflation, keep facility lights on, and raise salaries to support and attract the employees our communities rely on for critical services. Children's health home care management, foster care prevention, and domestic violence programs have always been excluded from the COLA, but it is past time to support the entire child-serving sector equally.

Ensure viable rates for the children's behavioral health sector. Community-based provider organizations already lose staff and clinicians to hospitals and large health practices because those facilities are able to pay higher salaries. Raising 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 also urge the State to preserve and make permanent any rate increases for children's behavioral health services achieved through the Enhanced Federal Matching Program or other federal pandemic incentive / aid programs, with an eye towards regular rate updates based on the actual costs of providing services.**

A $20M investment in the OMH Community Mental Health Loan Repayment Program ($6M increase over the Executive's proposal). We appreciate the Governor's inclusion of $14M in funding, and expanded eligibility would allow the agency to provide repayment to titles beyond psychiatrist & psychiatric nurse practitioner, but **we must enumerate beneficiaries in statute. We therefore urge the Legislature to line out these titles: Licensed Clinical Social Worker, Licensed Master Social Worker, Licensed Mental Health Counselor, Licensed Marriage & Family Therapist, Licensed Creative Arts Therapist, Licensed Behavior Analyst, , , and Licensed Psychoanalyst.**

We also suggest the creation of **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. **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 submit this testimony. 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.