Testimony

Standing Assembly Committee

on Mental Health

Topic: Mental Health Workforce

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Testimony On the Children's Mental Health Workforce

Families Together in New York State *is a family-run organization that represents families of childrenwith social, emotional, behavioral health and cross-systems challenges. Our goal is to ensure that ALL children and youth have the support they need in order to succeed. We represent thousands of families from across the state whose children have been involved in many systems including mental health, substance abuse, special education, juvenile justice, and foster care. Our board and staff are made up primarily of family members and youth who have been involved in these systems.*

Thank you for the opportunity to share the concerns we are hearing from families, youth, peer advocates and community providers from across the state. We proudly represent Family and Youth Peer Support programs across the state and serve as the training and credentialing body for the Family Peer Advocates and Youth Peer Advocates who work in these programs.

We are also proud members of the Campaign for Healthy Minds, Healthy Kids, a public awareness campaign calling on New York State to guarantee children's access to the behavioral health services they need and recognize that the current system is under-resourced and unable to respond to the mental health crisis facing New York's children and youth.

The topic of the mental health workforce could not be timelier.

Well before COVID-19, New York was facing a deep and persistent children's behavioral health crisis. In fact, over a decade ago, the Medicaid Redesign Team recognized that behavioral health services for children were chronically underfunded. So, while right-sizing our in-patient bed capacity, the state promised to make historic investments in a robust community-based behavioral health to serve in its stead.

The state estimated that over 200,000 young people would be served under the new Children and Family Treatment and Support Services (CFTSS) and 65,000 through the Home and Community Based (HCBS) waiver. Between January of 2019 and April 2021, only 20,000 youth have received CFTSS. As of January 2021, only 2130 youth received HCBS services. Despite the slow rollout of community-based services, New York has rapidly reduced its in-patient bed capacity and emergency room visits have increased.

In early March of 2019, just before the official shutdown, our network of families and young people discussed a pandemic of children's behavioral health issues at our Annual Family Empowerment Day. We discussed how suicide had become the 2nd leading cause of death among young people age 15-19; how 1 in 5 of NY children was living with an emotional, behavioral, or developmental issue; and, sadly, how nearly half of children living with such a condition received any treatment or counseling.

Families and young people commiserated about months-long waiting lists for community-based services; about staff constantly leaving just as they were getting comfortable sharing with them; being forced to retell their stories over and over; services existing in their region on paper only to learn they no longer offered them.

For their part, service providers were facing intense worker shortages, high-turnover rates, and long-term vacancies. The workforce were underpaid and overworked trying to meet the increasing demand. Master's level counselors making just over minimum wage. Family Peer Advocates leaving the field claiming they can make more in fast-food and retail.

Nearly two years later, the situation has not improved. Thousands of young people have lost their caregivers to COVID-19 and overdose. Hundreds of thousands of families have sunk into poverty. Remote learning, social distancing and living under existential threat have put children under deep and consistent emotional stress. We have yet to understand the far-reaching impact this collective trauma will have on an entire generation of young people.

Foundational to the challenges recipients of services face on our side of the equation are the anemic rates of reimbursement that services providers receive from Medicaid, Medicare, and commercial insurance. This is not simply a matter of a greedy and self-serving industry asking for more money. These rates decide whether families and young people get what they need when they need it- or cycle in and out of emergency rooms, crisis after crisis, or ultimately, die by suicide or overdose.

We must invest in the services and the workers who help our young people and families cope with the challenges of trauma and adolescence. We cannot predict the next pandemic. We can't prevent adversity and trauma- at least not completely. We have to invest in their resiliency: to heal, overcome and grow.

The COVID-19 crisis has taught us that the most efficient way to dig ourselves out of a pandemic is prevention. Healthy minds. Healthy Kids.

In solidarity with our partners in the Campaign for Healthy Minds, Healthy kids and the broader behavioral health advocacy community, we recommend the following:

1. **Invest over $100M to increase rates of reimbursement for children's behavioral health and resuscitate the existing workforce.** Medicaid and commercial rates must be increased to meet the actual cost of care. Rate enhancements will allow providers to attract and retain professionals in the field, which is a critical first step to building capacity and reducing bloated waitlists. Commercial rates have also historically lagged behind Medicaid in the children's behavioral health space, so it is especially important to create parity in those rate structures in order to promote robust provider networks.

2. **Authorize the 5.4% Consumer Price Index-U** (CPI-U) Adjustment for Community Health Organizations in the statutory Cost-of-Living Adjustment (COLA).

3. **Continue enhanced funding for Home and Community Based Services (HCBS) and Child and Family Treatment and Support Services (CFTSS).** These service arrays have proven to be effective and cost-efficient community models of care. The federal government has recently approved a continuation of the six percent EFMAP for both. We ask that the state make this increase permanent to stabilize the current system and to plan for further enhancements to grow capacity.

4. **Medicaid and commercial billing reforms.** Providers struggle to meet the needs of children because many of the services children need are not reimbursed by Medicaid or commercial insurance. Medicaid largely relies on diagnoses, which inhibits the ability of providers to pay for preventive services for children. Medicaid and commercial insurance both fail to pay for most of the critical caregiver and family supports that are fundamental to children's services. Specifically, our current fee-for-service model does not support the training, supervision, and other costs necessary to implement evidence-based practices. We urge Medicaid reform and an expansion of reimbursable services through both Medicaid and commercial insurance to ensure providers can bill for the developmentally appropriate supports to children and their families which directly prevent the need for more intensive and costly services later in life.

5. **Leverage Enhanced FMAP funds.** We appreciate the investments being made in the children's workforce, and we see opportunities to target additional federal dollars to grow capacity for evidence-based models of care. These models support children and families and include multi-systemic therapy and dialectical behavior therapy, among others. Deeper workforce investments for these models also compliments the state's Families First implementation. We support a State Plan Amendment to accomplish this.
6. **Recruitment and retention**. Federal and state resources must be leveraged to provide incentives such as signing bonuses, loan forgiveness, and tuition assistance. These must be coupled with attractive wages and benefits, which are directly connected to adequate rates of reimbursement. Investments in all of these areas will help providers recruit and retain professionals in the field.