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**ALLIANCE FOR
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Strength Together

**Testimony to Joint Fiscal Committees of the New York State Legislature
on the**

Proposed 2018-19 Executive Budget

Mental Hygiene Budget Hearing
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Testimony Delivered by:

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Good morning/afternoon Chairwoman Young, Chairwoman Weinstein, Chairwoman Gunther, Chairman Ortt and distinguished members of the New York State Legislature. Thank you for the opportunity to provide you with our perspective on the proposed 2018-19 Executive Budget proposal for people with disabilities.

Introduction

My name is Ann Hardiman and I am the President & CEO of the New York Alliance for Inclusion and Innovation.

I'm Michael Seereiter, Executive Vice-President & COO of the New York Alliance for Inclusion and Innovation.

The New York Alliance is a statewide association representing 175 not-for-profit agencies serving people with disabilities. The New York Alliance envisions a society where people with disabilities are contributing citizens with equal rights and the ability to live full, productive and meaningful lives.

Our association is the result of a merger between the two associations with which you are familiar: the New York State Association of Community and Residential Agencies or NYSACRA and the New York State Rehabilitation Association or NYSRA.

We will focus our testimony on the Executive Budget especially as it relates to the workforce shortages faced by the intellectual and developmental disabilities (I/DD), behavioral health and other human services sectors as well as:

- Housing for People with Disabilities;
- Direct Support Professional Credential Program;
- Social Worker and Other Behavioral Health Professional Licensure; and
- Systems Transformation Through Managed Care.

General Overview of Proposed 2018-19 Executive Budget

We are very pleased the budget proposal for the disabilities sector is relatively positive. Both proposals for the New York State Offices for People With Developmental Disabilities (OPWDD) and Mental Health (OMH) include investments in housing, new service opportunities, and specialized services to adults with dual mental health/developmental disability diagnoses.



Specific to OPWDD, the budget reflects a 3.7% annual spending increase and supports a person-centered model for the nearly 139,000 people receiving supports and services in the system. We support increases to fund ongoing residential, day habilitation, respite and employment programs as well as new capital funds to continue to develop independent living housing.

Specific to OMH, we are pleased the budget proposal includes additional funds for existing supported housing and single residence occupancy programs and funds for new supported housing beds and other community-based services. Additionally, we support:

- the authorization of new local capital spending to expand crisis respite capacity in the community to avoid unnecessary emergency room use and inpatient hospitalizations;
- funding for specialized supports including peer support; and
- investments to develop 20 new Assertive Community Teams (ACT), 10 of which will be in New York City to work with homeless individuals and homeless shelters, with 10 teams to work with high needs individuals in upstate communities.

Investments in the Workforce

Living Wage for Direct Support

On behalf of the New York Alliance and all of our partners in the #bFair2DirectCare Coalition, we take this opportunity to thank you and your colleagues in the State Legislature for your unwavering support of the campaign to implement a living wage for direct support professionals, direct care workers and clinicians across the three disabilities sectors.

It is with the ongoing support of the members of the State Legislature that we will be able to address the ever increasing workforce shortages and provide our staff with the well needed and earned wage increases along with the recognition of the importance of the work they do each and every day.

The Executive Budget proposal includes **full funding to support the 6.5% salary increases** sought by the #bFair2DirectCare Coalition.

The first 3.25% installment began January 1, 2018 and the second 3.25% installment will begin April 1, 2018 (the second installment includes clinicians).

This partnership between government and the not-for-profit sector is one that is critical to the health and well-being of people with disabilities, the staff who support them, the agencies



delivering the services, the human services sector as a whole and the overall economy of the respective regions in the state.

#bFair2DirectCare asks the State Legislature to accelerate timeframes for achieving a living wage for direct support professionals. Following the timeline established as part of the 2017-18 State Budget, direct support professionals would not receive a living wage until 2022.

#bFair2DirectCare is asking the Governor and Legislature to speed that up to 2020, which requires additional funding in the 2018-19 budget *in addition to the Executive budget request* of **\$262 million gross** for two years for all agencies (OPWDD, OMH & OASAS).

We respectfully request a third installment for direct support professionals to take place on January 1, 2019 with an investment of an additional \$18.25 million in SFY 2018-19.

Minimum Wage Increase

The proposed Executive Budget contains \$80 million to fund the third **increase of the state's minimum wage** to bring employees up to the new mandated minimum wage. As we have stated in the past, we support the annual increases to the State's minimum wage and we're grateful the Governor and State Legislature fully fund the increase for OPWDD, OMH and OASAS not-for-profit providers throughout the state. It is important to note, funds to support these important minimum wage increases are separate from the #bFair2DirectCare wage increases to support the coalition's living wage campaign.

Housing for People With Disabilities

Housing plays a critical role in a person's development and stability. It's also key to improving outcomes. For people with I/DD, safe, affordable and accessible housing means becoming a part of a neighborhood and the fabric of their community.

For individuals with psychiatric disabilities, stable housing leads to a person's wellness in terms of better physical and mental health and also lessens the risks of homelessness or interaction with the criminal justice system. Supportive housing leads to better health and better choices for the individual.

Housing Opportunities for People with Intellectual and Developmental Disabilities (I/DD) – Charting the Course through Housing Navigation

I/DD provider agencies actively seek housing options for the people they provide supports to.



Unfortunately, the degree to which agencies explore non-traditional (OPWDD) funding sources varies. Seeking such housing outside of the system requires special skills called housing navigation and is a service. It's also a service that's not funded. Such non-OPWDD funding sources are often local, the various systems are not easy to navigate and knowing how to put the pieces of the housing puzzle together is complex. It requires ample time, resources and specialized experts to understand the nuances.

Given this, a growing need currently exists for housing navigation or housing counseling services. Housing navigation or housing counseling:

- assists a person with I/DD to assess their housing needs and options;
- provides assistance in securing housing; and
- fosters the establishment of procedures and contacts to create and retain housing.

The New York Alliance has created a housing navigator initiative where housing navigators are the trained experts who assist individuals with I/DD to locate available housing and identify services that are currently available to them.

Through a curriculum developed with the Westchester Institute for Human Development, we have trained 150 Housing Navigators who currently utilize their expertise in many areas of the state. This model has proven to be a success and, if brought to scale, more people with I/DD will have access to housing navigation services to help locate housing opportunities with a specific focus on housing which meets their individual and specialized needs.

If expanded, more people with I/DD will have the ability to work with a housing navigator in their region who will:

- make necessary housing related linkages where such linkages do not currently exist,
- develop an individualized housing action plan for the person,
- assist the person with finding appropriate housing which ranges, depending on the person's needs, from housing in certified residential setting, an apartment with or without a suitable roommate, a home of their own,
- coordinate the person's transition (including the actual move) from current housing to the new appropriate housing opportunity,
- work with the person to craft a housing sustainability plan to ensure that housing remains ongoing and also has proper linkages to service providers who will deliver other supports and services necessary to achieve stability.

Expanded Housing Opportunities in the Public Mental Health System



Housing in the mental health system has long been an area which deserves greater attention and resources. OMH has made great strides in shifting attention to more community-based services which focus on the availability of housing as the means to a person's stability. Last year's State Budget reconfigured and redirected funding from 40 State-operated beds to permit the development of 280 more integrated and community-based supported housing units and \$10 million to increase support for existing community residential programs.

The New York Alliance believes that increased funding for expanded housing opportunities in the public mental health sector is necessary. Living in a safe and secure environment enhances a person's recovery. Therefore, we support the effort of the Bring It Home campaign to enhance housing opportunities for people with mental health needs in this year's budget.

Direct Support Professional Credential Pilot Program

As we have stated, the Assembly and Senate recognize the importance of the direct support professional workforce and the tremendous value placed on training and career advancement. In the recent past, both houses passed legislation to advance the Direct Support Professional credential pilot program (2013 legislative session). Most recently (2015-16 enacted State Budget), the State Legislature charged OPWDD to study the merits of developing a direct support professional credential program in New York State. You directed the state to develop recommendations for the design and implementation of the credential program and a comprehensive and technical report was delivered to you (https://opwdd.ny.gov/opwdd_about/commissioners_page/DSP-CredentialingReport)

The report:

- details workforce policy rationale for a credential in New York;
- demonstrates the negative impact of low wages and turnover and positive impact on worker retention, satisfaction and safety; and
- sets forth the potential for a statewide credentialing program to improve quality outcomes for people being served;

The New York Alliance recommends the implementation of the direct support professional credential pilot program to begin the structural fix to the recruitment and retention issues provider agencies are facing and to

- enhance competence in the field;
- yield more quality supports and services to people with I/DD; and
- advance health and safety requirements set forth by the State of New York.



Social Worker and Other Licensed Mental Health Professional Requirement

Laws enacted in 2002 established specific requirements for professional licensure (education, examination and experience requirements) and restricted activities that, except for specific temporary exemptions, may only be provided by licensed professionals or persons otherwise authorized under law. Sections of that law allowed programs regulated, funded, operated or approved by certain State agencies, including OPWDD, OMH, OASAS and DOH, to continue offering services using unlicensed staff through a statutory exemption. The statutory exemption is set to expire this year.

Language in the Executive budget seeks an exemption for those individuals currently exempt and also seeks to implement licensure requirements used for the delivery of services operated, funded or approved by the various state agencies after 2020.

This matter has been a complicated one for several years and the statutory provision is necessary to allow for certain services to be offered using unlicensed staff in certain programs. Without this exemption the cost of hiring key clinical staff will be prohibitive.

The extension of the exemption in the Executive budget proposal is essential to allow services to remain available while creating a pathway toward consistency in the licensing of mental health professionals in the short term. Unfortunately, the proposal fails to fully utilize valuable members of our workforce. The New York Alliance asks the State Legislature to make changes to the Executive budget proposal that are necessary to achieve our goal of stabilizing the workforce.

The I/DD Sector's Systems Transformation: Managed Care & Care Coordination Organizations/Health Homes

The New York Alliance and our predecessor associations (NYSACRA and NYSRA) have appreciated the many opportunities our organizations have had to work with OPWDD and the Department of Health on the transition to managed care. In August of 2017 and last month, we submitted extensive comments specific to:

- New York's draft Health Home application;
- the state's draft 1115 waiver application; and



- the OPWDD/DOH transition plan.

Each of the state's applications seek approval from the federal Centers for Medicare and Medicaid Services to move the I/DD population into care coordination organizations/ health homes and allow for the transition to managed care.

In each of our three comments, we acknowledged the state's hard work over the past six years to redesign an entire system. Our association sincerely appreciates DOH and OPWDD efforts to solicit and respond to public comment as they move toward specialized managed care for people with I/DD. The New York Alliance also appreciates the significant thought to ensure the continuity of services and supports to individuals, families, and providers.

In each of our three public comments, we consistently underscored our **strong** belief that transformation of an entire service delivery system should be thoughtful and over a reasonable and justifiable period of time.

We **very strongly believe** that more time and the necessary resources are required to accomplish meaningful change.

The timeframes to fully and successfully implement the operation of care coordination organizations, the transition to managed care and all other transformative changes are not realistic. For example, we are concerned that the transition of current Medicaid Service Coordinators to care managers as proposed in the CCO/HH model is too swift. The role of the Medicaid Service Coordinator, or MSC, into the CCO/HH must receive additional attention. The MSC has the most fundamental relationship with the person receiving supports, and this relationship forms the essential **trust that must continue to exist and grow throughout the CCO/HH transition.** Without greater detailed planning and adequate time and resources to implement the transition of MSCs into CCO/HH, the planned provisions and timelines to implement mandatory enrollment in managed care would be disrupted.

On this, the New York Alliance asks the State Legislature to create a person-centered transition task force which consists of people with I/DD and their circles of support, I/DD providers, and potential CCO/HH providers to discuss the implications and operationalization of transitioning MSCs into CCO/HH organizations. The work of this task force could result in shared expectations that are adopted as standards for proceeding to managed care.

Therefore, we continue to recommend that timeframes for planning and transition should be extended and implementation should be done with ongoing and active stakeholder input and



involvement. We ask the State Legislature to join us in our advocacy on this move to managed care. The uncertainties related to funding in this State Budget, funding in the out-years, and policy changes that may take place in Washington, D.C. justify our ongoing reservations.

With that stated, the budget proposal provides \$39 million, in fiscal year 2019, for operating expenses and transitional administrative expenses for Care Coordination Organizations. If the move to CCO/HHs continues as proposed, we wholeheartedly support the investment of funds for the CCO/HH as well as new funds to support the needs of the providers in the respective networks to also transition to this new model.

Significant investments are required to enable providers to modernize the delivery of truly person-centered supports and services as well as timely reimbursement. Start-up funds are necessary for the 1) purchase, 2) training and 3) optimal use of health information technology for both the CCO/HHs **and the provider agencies**. Ongoing resources are also necessary to use, enhance and optimize the system.

We also request the State Legislature add funds to the Executive budget proposal for training and technical assistance which are essential to the successful transition to and implementation of CCO/HHs. This is a demonstrated need given the State ongoing investments to help behavioral health / HCBS providers transition to their health home and managed care initiatives.

Technical assistance on managed care readiness is key. Identifying 1) barriers to implementing person-centered coordination of care and supports, 2) best practices used by CCO/HHs, I/DD providers, and non-I/DD providers, 3) and key areas where state guidance and/or clarification will be necessary and ongoing. Such information gathering, technical assistance and training will be important to inform and refine statewide implementation of the model.

Closing

On behalf of the New York Alliance, we thank you for the opportunity to provide you with our recommendations on the proposed 2018-19 Executive budget.