



**Executive Budget Testimony February 12, 2018  
Christy Parque, President & CEO**

Good afternoon and thank you for the opportunity to testify today. My name is Christy Parque and I am the President and CEO of The Coalition for Behavioral Health.

The Coalition for Behavioral Health (or The Coalition), is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based organizations that serve more than 450,000 consumers and employ well over 35,000 workers.

Our members provide access to the full range of outpatient mental health and substance use services, supportive housing, crisis intervention, care management, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Home and Community Based Services (HCBS), Club Houses, education and nutritional services in every neighborhood of New York City, and communities across Long Island, Westchester, Rockland, and Orange counties.

The behavioral health field in New York State is in the midst of a transformation that places a greater emphasis on meeting the needs of people in their communities, while at the same time seeks to improve efficiencies and outcomes in the delivery of Medicaid services. The Coalition thoroughly embraces these goals and is an active partner with the State in ensuring that this is accomplished in a manner that enhances community stability and protects the viability of clinics and other service providers. Our members comprise an intricate network of safety-net providers throughout the neighborhoods they serve, caring for the most vulnerable among us. It is critical that this network remain strong and intact if the State hopes to reach its goals.

The Coalition's budget priorities reflect this reality. We strongly support measures that preserve and strengthen community-based mental health and substance use programs through the reinvestment of resources in community-based services, the continuation of viable rates under Medicaid managed care, the preservation of a sustainable workforce and the promotion of policies that prioritize consumers.

I will now highlight some of our specific budget and policy asks for the 2018-19 State fiscal year, as they relate to the Executive Budget proposal and our shared goals with the State.

## **Workforce**

We must level the playing field with resources for behavioral health providers with our partners on the health care side so we can succeed together. The Coalition and its member agencies appreciate the funding increase in last year's Budget that was responsive and significant. Yet, adequately supporting a workforce is not a one-time effort, and mitigating the problems providers are having with recruitment and retention requires additional and continued funding.

The Coalition and its member agencies appreciate the budget allocation increase in last year's budget that was responsive and significant. The 3.25% Enhancement for Direct Care and Direct Support Staff in OMH, OASAS, and OPWDD Systems including the second 3.25% enhancement for Direct Care (Consolidated Fiscal Report (CFR) code series 100), Direct Support Staff (CFR code series 200), and Clinical Staff (CFR code series 300) was a great start to supporting our workforce. Yet, adequately supporting a workforce is not a one-time effort, and mitigating the problems providers are having with recruitment and retention requires additional and continued funding.

Resources to support workforce development, training and wages that are comparable to other sectors will be essential for these community based behavioral health organizations to enable them to provide the clinical services and meet the requirements of managed care plans and health homes with which they are contracted. Our members have consistently identified the discrepancy between salaries paid by other healthcare systems, such as managed care organizations and government, as a real problem in recruiting and retaining skilled staff. Non-competitive salaries exacerbate the challenge of providing direct care to a high need vulnerable population with fewer staff, and the failure to secure an assured COLA exposes behavioral health provider staff to a diminished life-style as the cost of living continues to rise at an unprecedented pace.

- **The Coalition supports for the FY 2019-20 Budget, an additional 3.25% for direct care staff and clinical staff, effective January 1, 2019.**
  - Estimated cost for the behavioral health workforce, this would be valued at \$11.7 million.
  - This increase would start in January 2019 and would coincide with the next scheduled increase to the Minimum Wage in New York State. Being able to attract and retain a quality workforce can only be accomplished by providing workers with a living wage.

- **The state should honor its commitment to our workforce and reinstate the statutory COLA. Regular increases will significantly help in the retention of our dedicated workforce.**
- **Besides providing competitive salaries and regular cost of living increases, we believe there are ways to incentivize the behavioral and social services workforces through loan forgiveness programs, tuition reimbursement for aspiring non-profit sector professionals and reduction or forgiveness of licensing and other profession related fees.**

**CLINICAL PRACTICE EXEMPTION** (*known as the Social Work Exemption*)- **Article VII, Part Y**

The Coalition is concerned about the language contained in the Governor’s budget related to the Licensed Practice exemptions. These requirements are not only unnecessary to ensure that consumers receive high quality services, but would lead to unsustainable and crippling increases in the costs of providing care if enacted. For over twenty years our programs have been highly regulated, monitored and overseen by several layers of State and other governmental oversight agencies. We must ensure that any provisions or language changes do not impede access for New Yorkers in need or our community providers ability to deliver essential, safe, culturally competent and highly effective services. Additionally, we must be mindful that any changes do not further the already challenging work force crisis New York State is facing.

**INFRASTRUCTURE- CAPITAL INVESTMENTS AND TECHNOLOGY**

The Coalition supports a \$60 million set aside for community clinics, as part of the Statewide Health Care Facility Transformation Program, to ensure that vital community clinics receive their fair share. The current proposed distribution of funding for community healthcare providers, apart from assisted living facilities, is inconsistent with the proportionality of prior year’s funding, and minimizes the contribution of community services to the wellbeing of consumers. It continues the historical mal-distribution of funds to community providers rather than compensate them for the historical underfunding of the sector. Including a set aside for assisted living programs is noteworthy but should not be at the expense of other community providers.

- **STATEWIDE HEALTH CARE FACILITIES TRANSFORMATION** --Allocate a minimum of \$60M of the \$425M in funding for the Statewide Health Care Facility Transformation solely to community healthcare providers, including FQHCs, behavioral health, substance use disorder and home health providers, while maintaining the proposed \$20M set aside for Assisted Living Program providers from the remaining \$365M to support their ongoing participation in transformation efforts.

Necessary to transformation will be having the technology and appropriately trained staff in place to develop and measure sound and meaningful measurable outcomes. For community providers to make their programs sustainable, it will be necessary to fund and support technology needs and drive up the volume and reimbursement for services.

- **The State should expand funding opportunities and technical support available to further develop the infrastructure to support data collection and analysis, contracting and credentialing, and adoption of electronic health records and participation in health information sharing platforms.**

We are also advocating for \$100 million for the continued investment in the Nonprofit Infrastructure Capital Investment Program. This funding provides resources to address projects vital to the functioning of programs, such as an elevator in a program serving people with disabilities, developing a technological infrastructure, and a backup generator for a heating/cooling center for seniors to name just a few examples.

- **NON-PROFIT INVESTMENT CAPITAL INFRASTRUCTURE FUND (NICIP)**-- Allocate \$100M. This additional investment, consistent with FY18, advances the individual and population health of New Yorkers.

## **ACCESS TO SERVICES**

### **Children**

The Coalition urges New York State to take immediate actions to counteract the detrimental impacts of delaying the implementation of the Children's Behavioral Health transition.

Providers of children's behavioral health services have been planning for six years during which time providers have deconstructed existing systems, redesigned and constructed services. The results are unconscionable waiting lists and reductions or elimination of services. It is the best interests of children, parents and New York State to eliminate gaps and actively prepare children for a meaningful future.

Nearly 2 million children depend on Medicaid for their insurance in New York State, yet their needs are not adequately being met. It can take over a year for children to be seen by a provider in the mental health field due to a lack of resources.

- **The Coalition recommends an investment of \$15 million to increase the capacity of children's behavioral health programs.**
- **Expanding and investing \$14 million in Community School Mental Health Services in both community schools and the 57 small city school districts.**

### **Health Homes**

Last year Health Homes was cut by \$20 million. The Coalition is requesting a restoration of these cuts and preventing additional cuts, which will allow for enhanced enrollment rates that support more reasonable caseloads, better outcomes for Health Home members and clients and long-term cost savings for Medicaid.

In addition, the Health Homes workforce staff was excluded from receiving COLA's for the next 3 years. We are requesting that COLA's be added to the Health Home and Care Management Agencies similar to other DOH funded programs.

- **Restore \$20 million in cuts to Health Homes from FY18**

### **Mental Health Housing**

We are grateful for the Governor's inclusion of an additional \$10 million and laud the Governor and Legislature for supporting additional new housing construction. However, existing housing must be maintained and appropriately staffed, \$10million does little to relieve the deficits incurred by providers operation OMH housing. The Coalition calls on NYS to provide sufficient funding to upgrade healthy hospitable facilities to promote wellness.

- **The Coalition recommends a total of \$120 million for Mental Health Housing**
  - **Add \$20 million to start January 2019 for mental health housing o This would annualize to \$120 million while mitigating the impact on this fiscal year.**
  - **Support the Governor's \$10 million for mental health housing**
  - **Support moving that \$10 million to January 2019**

### **Resources to fight the opioid epidemic**

This crisis is far from over and our members are working at the community level on both prevention and treatment strategies. The additional resources are desperately needed:

- **The Coalition supports the addition of \$26 million to the existing commitment of \$200 million to combat the scourge of the Opioid/Heroin epidemic.**
- **The Coalition supports the 2-cent surcharge per milligram of active ingredient but the provision that the funds be used to supplement existing funding for opioid/heroin programs and services and not replace existing resources.** In addition, we recommend ensuring the budget language to ensure that all public behavioral health clinics are exempt from the surcharge.

### **ADDITIONAL RECOMMENDATIONS**

- **The Coalition objects to the elimination of prescriber prevails provisions.**

Many people with behavioral health issues have physical health comorbidities. Finding and balancing the right pharmaceuticals can be a delicate process and doing so requires prescribers with a keen knowledge of the individual consumer. They should not be second-guessed by distanced staff without intimate knowledge of the consumer.

- **The Coalition supports integrated clinic licensure to remove barriers and facilitate the integration of physical and behavioral health services.**

Consumers deserve holistic and coordinated care. We support the concept of no wrong door for people seeking access to health and behavioral health services. Every effort must be made to eliminate bureaucratic barriers that impede the public health and behavioral health sector from integrating and creating parity in care.

- **The Coalition supports the expansion of telehealth to a consumer's home which will greatly increase access to much needed services for individuals whose access is constricted by distance or locality.**

### **Conclusion**

The Coalition for Behavioral Health and its members stand ready to continue our partnership with Governor Cuomo and the Legislature to expand access to treatment in the community. As we move forward, the State must take into consideration the needs of our community behavioral health providers and the people we serve in order to preserve the safety-net and guarantee high-quality services at the local level.

Thank you again for the opportunity to testify.