



**Testimony on the FY 2019-20 Executive Budget Proposal  
Mental Hygiene**

**February 7, 2019**

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**Introduction**

On behalf of The Coalition for Behavioral Health, I thank you for the opportunity to provide comments on the FY 2019-20 Executive Budget. My name is Amy Dorin and I am the President & CEO of The Coalition for Behavioral Health, Inc.

The Coalition for Behavioral Health, Inc. is the umbrella advocacy association of New York's behavioral health community, representing nearly 150 non-profit community based behavioral health agencies that serve more than 500,000 consumers in the five boroughs of New York City and its surrounding counties. The Coalition is committed to a true partnership with the State in support of our members' critical efforts to serve as the community safety-net and ensure that all New Yorker's have access to quality behavioral health services.

The Coalition is an active participant in and supporter of the State's work to transform the State Medicaid system by improving efficiencies, cost-effectiveness and outcomes. To this end, we continue to move forward in partnership with various reforms under the state Medicaid system, including the behavioral health transition to managed care; health care delivery system transformation, including the move to value-based payments (VBP); and efforts to integrate both physical and behavioral health services. Continued system transformation depends on fully utilizing the expertise and strength of behavioral health providers to implement VBP systems, employ data collection practices aligned with behavioral health outcome metrics, address the determinants of health, integrate care, utilize health homes for care coordination, and steer enrollment of behavioral

Health and Recovery Plan (HARP) members into Home and Community Based Services (HCBS), among other endeavors.

Only when community-based providers have a clear seat at the table are the interests of those who depend on us met in a manner that provides the best care possible. It is in this context that the following comments are offered in Governor Cuomo's FY 2019-20 Executive Budget proposal.

### **Improve Workforce Recruitment and Retention**

The behavioral health workforce is the backbone of the sector. Our workers are highly-trained to meet the needs of the people we serve in a thoughtful and professional manner. However, due to low wages and increasing job pressures, many agencies in the behavioral health sector are experiencing high turnover and vacancy rates. This was emphasized in a survey conducted by a group of behavioral health provider associations across the state, which included The Coalition. According to the results, New York city showed a 42% turnover rate and 20% vacancy rate. We recommend that the following provisions be included in the final budget to support our workforce.

- Include in the final FY 2019-20 Budget, existing law which authorizes an annual Cost of Living Adjustment (COLA) for the human service workforce at 2.9%;
- Pool unspent DSRIP workforce dollars into a Community Based Workforce Fund to support ambulatory workforce needs of community-based providers; and
- Standardize and align Article 163 education & training to establish a pathway for current and future licensed mental health counselors, licensed psychoanalysts and licensed marriage and family therapists to work up to top of their practices.

### **Advance Successful Behavioral Health Transformation**

Beginning in 2011, the Medicaid Redesign Team launched a series of initiatives focused on reducing hospitalizations by streamlining services and investing more in preventative care and other front-door measures. Providers are working diligently under these new rubrics – such as Medicaid managed care, DSRIP, and VBPs – to obtain the outcomes that reflect the overall vision of the MRT and the State's Triple Aim. In support of these efforts, it is critical that the State provide the necessary resources and supports under

programs such as Health Homes and HCBS, while also providing sustainable rates and opportunities for more integrated care. These actions will result in stronger communities with greater access to health and behavioral health care where people live and work. We recommend the following actions in the final FY 2019-20 Budget to support these goals:

- Oppose the \$5M cut to Health Home care coordination rates recommended in the FY 2019-20 Executive Budget and foster greater integrated and utilization of Health Home coordinated care;
- Resolve HCBS access barriers and insufficient rates, enable more at-home visits and better crisis-response system;
- Support the FY 2019-20 Executive Budget recommendation to extend the Ambulatory Payment Group (APG) rates to 2022 for Article 31, 32 & 28 licensed providers. Address barriers to timely, consistent rate payments;
- Fund the Nonprofit Infrastructure Capital Investment Program (NICIP) at \$100 million and \$525 million for the Statewide Health Care Facility Transformation fund with a set aside of \$120 million for community-based providers. The FY 2019-20 Executive Budget does not provide any new funding for these programs;
- Support the creation of new supportive housing units through the existing \$20 billion housing program. Support the \$10M appropriation in the FY 2019-20 Executive Budget proposal for OMH housing. Realign rate structures with costs for the continuum of housing services so that rising operations costs do not diminish service dollars for consumers.

### **Champion Access to Behavioral Health Services for all Ages**

Behavioral Health services are focused on serving the whole person at all stages of an individual's life. Access and availability of services should be as robust at the beginning of life as they are toward middle-age and they should not diminish as one gets older. We know that waiting lists for children trying to access services are growing, while baby boomers struggling with mental illness and substance abuse are aging and will require a treatment modality that takes their geriatric needs into consideration. Both the beginning and end of the life spectrum need more attention and an infusion of resources when it comes to the provision of behavioral health services. The Coalition recommends the following as part of the final FY 2019-20 Budget:

### *Advocate for Children's Behavioral Health Providers in Transition to Medicaid Managed Care*

- Ensure identified funding for the children's transition to Medicaid managed care, which has faced significant barriers and disruptions for providers serving children in need; and
- Expand prevention and early intervention efforts that engage young people before they start using substances; particularly the deadly opioids ravaging our communities.

### *Promote Healthy Aging in Place*

- Increase funding for the Geriatric Mental Health Demonstration programs from \$2 million to \$4 million annually; and
- Provide more supports to allow individuals with behavioral health needs to continue to live independently in supportive housing or with their families and loved ones.

### **Continue to Fight the Opioid Epidemic**

Opioid addiction continues to ravage communities across the State. New York has taken positive steps in the right direction in terms of expanding access to treatment and increasing educational outreach on prevention and the availability of services. However, more needs to be done. The Coalition supports the following actions as part of the final 2019-20 Budget to address Heroin and Opioid addiction:

- Provide \$26 million in new OASAS funding, a portion of which will be used to fully fund 1,200 new Opioid Treatment Program slots and support the OASAS/OMH Ombudsman (\$1.5 million).
- Expand access to MAT and SUD treatment in prisons and jails by:
  - Providing \$1.2 million to establish three new MAT programs in state prisons;
  - Directing OASAS to distribute \$4 million to support addiction treatment services in 50 facilities. This also falls under the \$26 million; and
  - Directing DOH to seek federal approval for Medicaid coverage of inmates 30 days before release for medical, pharmaceutical, and health care coordination services.

## **Enforce State and Federal Parity Laws**

New York State and the Federal government continue to recognize that behavioral health treatment is as important to the health and overall well-being of a person as physical health care. There are parity laws at both the federal and state level, like Timothy's Law in New York, that require insurers to provide the same level of benefit for behavioral health as they do for medical and surgical services. The FY 2019-20 Executive Budget includes language to enforce and strengthen New York's parity laws. The Coalition supports these actions which include:

- Allowing for provider reimbursement when treatment or diagnosis of a mental health condition is performed by a Nurse Practitioner;
- Removing language that restricts coverage for applied behavioral analysis to a maximum benefit of 680 hours of treatment;
- Conforming the definition of autism, SUD, and MH services to the definitions provided in the diagnostic and statistical manual of mental disorder or other generally recognized independent standard and makes further adjustments to the law to ensure that coverage is consistent with the federal Mental Health Parity Act of 2008;
- Prohibiting preauthorization and concurrent review of SUD services for the first 21 days. The law currently prohibits it for first 14 days;
- Prohibiting prior authorization for Medication Assisted Treatment;
- Limiting copays for behavioral health services to one per day and requires such copayments to be equal to primary care office visits; and
- Mandating inpatient hospital coverage for mental health disorders under policies that offer inpatient hospital coverage for physician services, including for children under the age of 18.

## **Other Relevant Items**

The Executive Budget contains two other actions that the Coalition for Behavioral Health opposes that need to be mentioned here:

- **Elimination of Prescriber Prevails:** The FY 2019-20 Executive Budget removes language that allows a prescriber to make the final determination as to what drug is

best for his/her patient based on medically necessary criteria. Specifically, current law mandates that Fee for Service and Medicaid Managed Care cover medically necessary prescription drugs in the atypical antipsychotic, anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic, and immunologic therapeutic classes. This includes non-formulary drugs as well. The Coalition maintains that this decision should be left up to the prescriber and not the insurer.

- **Creation of jail-based mental health restoration program:** The FY 2019-20 Executive Budget proposal recommends starting in-house mental health restoration program for inmates in jail awaiting trial. Currently, evaluation and treatment services are provided at an OMH inpatient psychiatric hospital. The Coalition maintain at that the existing practice should remain at the psychiatric hospitals, which are the best qualified providers for this purpose.

### **Conclusion**

In conclusion, I would like to thank you for the opportunity to testify today to present the Coalition for Behavioral Health's budget priorities for FY 2019-20. We look forward to continuing working with the Legislature to advance proposals that are in the best interest of community-based behavioral health providers and the communities they serve.