Capacity:

Related to the children's **behavioral health capacity**, we are at a crisis point.

- ✓ Children's Medicaid Redesign assumes the children's system of care is under-resourced and has insufficient capacity.
- ✓ The commitment is for ADDITIONAL and NEW resources to be invested; not for efficiencies or savings to be achieved.
- ✓ Regardless of delays in new services, we need funds for capacity immediately.

Request:

- ✓ Support the $5 million RTF pilot proposal (state-only funds)
- ✓ Direct a portion ($17.5 million; state-only funds) of the unspent, set-aside for children's behavioral health reform into the community to expand capacity this fiscal year
- ✓ Use funds to respond to volume of care coordination via Health Homes for children, to:
  - Hire, train and credential new ***Family Peer Advocates***
  - Hire, train and develop a credential for new ***Peer Youth Advocates***
  - Train and credential to Evidence Based Practices (EBPs) for other licensed professionals, ***hire necessary supervisors and pay fees for EBP compliance***
  - Add ***20 new crisis residence/respite/intervention teams*** statewide
  - Add ***outreach and engagement to homeless families*** to link to Health Homes
  - Support ***clinic recruitment and retention*** with grants to add staff/reduce waiting lists

Current Array of Children's Services:

- ✓ 104 outpatient clinics serving children & adolescents (49 in the 5 Boroughs; 8 in Erie County; 7 in Westchester County; 3 in Albany, Onondaga & Monroe counties; 2 in Oneida & Ulster counties; 1 in 22 upstate counties; and 0 in 13 counties around New York State)
- ✓ 15 Partial Hospitalization programs (4 in Manhattan; 1 in Queens, Ulster, Dutchess, Onondaga, Erie counties; 2 in Monroe, Suffolk & Westchester counties)
- ✓ 8 Crisis Residences (6 at state-operated child & adolescent hospitals – 2 community based)
- ✓ 5 Crisis/Respite programs
- ✓ 514 RTF beds (proposed for downsizing in pilots)
- ✓ 1845 HCBS Waiver slots (only 36 in Staten Island; 40% readmission rate at SouthBeach),
- ✓ 7600 Day Treatment slots (proposed for redesign and/or elimination under MMC)
- ✓ 528 State operated C&A beds

Geographic sparsity; long waiting lists; artificial time limits on service access; lack of funding to provide care to non-Medicaid kids when working poor and Child Health Plus kids needed access as desperately as Medicaid kids; no Family Support and Youth Peer Support because not enough training and credentialing funding has been forthcoming; clinics wait times for initial visits grow to be months while they spend operating funds trying to recruit child psychiatrists, psychologists and licensed mental health practitioners

Status of Re-Design:

"the submission of the 1115 Waiver Amendment is pending review of the new Federal Administration's priorities and processes and depending on the timeframes for acquiring the necessary approvals, the implementation dates will be modified accordingly." That is a quote from the proposal managed care plan qualification documents released in January for public comment.

CAPITAL:

Request:

We believe 25% of the proposed $500 million, or $125 million should be set aside for community providers. Goals of community providers include:

- ✓ Opening satellite clinics in underserved and geographically hard to reach areas;
- ✓ Adding and equipping health treatment rooms at outpatient behavioral health clinics to integrate care and do health/vital monitoring of high-risk populations for diabetes, heart conditions, obesity;
- ✓ Renovations at clinics, pediatric practices and primary care offices to co-locate behavioral health services and care coordination services;
- ✓ Support "buy; not build" approaches to Medicaid Redesign and DSRIP
- ✓ Support expansion of community based services, at lower capital investment costs and with more geographic reach that hospital centered expansion to speed up reform.

Last year: The Legislature took the lead last year in ensuring that community-based healthcare providers were eligible for capital funds being proposed repeatedly for hospital systems.

- ✓ Of the $195 million included in the State Budget for the Statewide Health Care Transformation fund, at least $30 million was set-aside for behavioral health clinics, primary care providers, home care providers and outpatient health clinics.
- ✓ Over $400 million was requested against the $30 million in the Statewide Health Care Facilities Transformation RFP by eligible outpatient providers.
- ✓ DOH/DASNY announcements expected later this month.

This year: The Executive Budget proposes that $500 million be available, and that at least $30 million be available for the same outpatient providers. This is insufficient and we ask that at least $125 million be available, because:

- ✓ This is only the 2nd time community based health care providers have been eligible to apply for capital transformation funding, but hospitals have had other opportunities;
- ✓ Support "buy; not build" approaches to speed up Medicaid Redesign and meet DSRIP goals at lower capital investment costs and with more geographic reach that hospital centered expansion.
- ✓ We should consider the transformational needs of other licensed OMH programs, like residential treatment facilities (RTFs).

Workforce:

The Not-for-Profit community based providers are struggling with the cost of implementing the incremental increases in the State Minimum Wage.

Minimum Wage REQUEST:

Provide sufficient funding throughout the five-year transitional period to address Medicaid and non-Medicaid workers. The current statute would bring New York City and the Metropolitan NY counties to $15.00 by December 31, 2021.

The behavioral health community estimates that this $50.5 million per year for five years to support the impact of the incremental increases to the minimum wage that were approved during the last legislative session.

- ✓ The full implementation of the minimum wage to $15/hour for downstate and to $12.50 per hour for upstate will have an $423 million impact on the community behavioral health system.
- ✓ The Governor recommends funding on through the 2018-19 State Fiscal Year and recommends only $3.5 million for the Office of Mental Health Medicaid and non-Medicaid contracts.

Other Workforce Pressures:

The Executive Budget fails to honor the 0.8% statutory Cost of Living Adjustment in the current fiscal year. This action stops about $9.8 million to flow to direct care workers, many of whom are affected by the "compression" of the minimum wage increase which makes their hourly wages insufficient. The Executive Budget also continues investments, through DSRIP, into retraining and expansion of the hospital-based workforce. The community based providers deserve similar investments, and any unspent DSRIP workforce funds should be diverted to community based providers. Funding is necessary to:

- ✓ Recruit, train and credential qualified direct care and professional health workers.
- ✓ Support employer responses to upcoming minimum wage increases, as they adjust the foundation of the lower-cost workforce to fend off the growing competition from other employers.
- ✓ Address increasing turnover rates (rising from an average of 25% in 2014 to 40% in 2016) so quality care and patient recovery are not adversely affected.