



**Testimony Before the NYC Council
Committee on Mental Health, Disabilities and Addiction**

March 26, 2019

Introduction

Thank you, Chairperson Ayala and members of the Committee for convening today's hearing. On behalf of The Coalition for Behavioral Health, I welcome the opportunity to testify. My name is Amy Dorin, and I am the President and CEO of The Coalition for Behavioral Health, the umbrella organization for over 100 community-based behavioral health providers.

ThriveNYC

The Coalition values its partnership with the City as we continue to move forward with enhancing ThriveNYC's impact. Many of our community providers receive THRIVE NYC funding to address gaps in the service system, whether that be through our members' participation in the Mental Health Services Corps, NYC Well or the provision of Mental Health First Aid trainings by The Coalition itself.

As we work together to create innovative models of care and services to improve health outcomes and the client experience of care and, at the same time, strive for cost effectiveness, the community-based behavioral health sector must be sufficiently utilized

and engaged to inform policy decisions and ensure access to timely, high-quality services and supports for New Yorkers in need. It is through the “on the ground” experience of our providers, their expertise, and first hand understanding of the people they serve that can help to shape programs and maximize their impact. The Coalition stands ready to collaborate with ThriveNYC to develop mutually agreed upon and clear benchmarks for success and clarify outcomes so that we can jointly assess success or make changes in programs that might need improvement.

Medicaid Redesign Transition

The massive transformation now taking place in the Behavioral Health arena both for adults, and, more recently, for children is unprecedented and with significant challenges. The system is moving from a volume-based method of payment under Medicaid, where more is better, to a value –based system in which payors- the Managed Care plans- will reimburse providers based on positive outcomes they achieve in serving their clients. Therefore, now, more than ever, data and technology are key if providers are to demonstrate value. The need for collecting data, tracking data, analyzing data is a must; and then, agencies must learn to take action on the data they are collecting. While very worthwhile, certainly, it is expensive to acquire new and upgraded technology systems and software platforms. And leaders must help their workforces to understand the changes and adapt to them. As you know, culture change takes time, is never easy and is often uneven.

Further, the recent thrust- that behavioral health services take place in the community, rather than in the office- is occurring for adults and for children. These are called HCBS (home and community –based services); we need higher rates so that organizations can

get and retain a workforce that is learning how to provide services in the home or community, rather than in the office setting.

Supporting a Healthy Life Cycle from Children to Aging Adults

Starting in January of 2019, New York State began to implement a broad reform of the children's behavioral health system after 8 years of discussions on design and development. This transition involves the addition of 6 new children's mental health services to the Medicaid state plan, intended to improve access for children and their families, streamlining the evaluation and diagnosis process, so that more children and families can get the services they need, at the right time, before their needs escalate. It also includes moving exempt Medicaid services and populations to Medicaid managed care, consolidating 5 different children's Home and Community Based Waiver Programs into a single Home and Community Based Service (HCBS) program with a uniform array of 11 services, and transitioning care coordination that was previously included as an HCBS services to the Health Home Serving Children care management program. The Coalition's Children's Committee provides a forum for discussion of these complex issues.

We can also work together to close gaps on the other end of the life spectrum, where the system of care and services needs to adapt to meet the needs of older adults who are living longer and with less family caregiver support available. While the challenges of aging exist for the entire population, aging, coupled with mental illness and/or substance has its own special challenges for those experiencing them directly and for those agencies providing the services. Unfortunately, too many behavioral health services for older adults are tied to place and time, with not enough capacity for outreach, in-home services, access to services outside of standard office hours and

adequate responsiveness to crisis episodes. In addition, funding models need to be adapted to all for greater use of home and community-based services. Dually eligible adults (Medicaid and Medicare) are excluded from many programs and services, such as in their own home services or even telepsychiatry, simply because a reimbursement mechanism does not exist for individuals that are dually eligible for Medicaid and Medicare.

Medicaid does not pay for home visits, but Medicare does. Though Medicaid will begin paying for telepsychiatry services, dually eligible seniors will not be able to access them, because Medicare does not cover this service. We urge the city to work with the state and federal government if necessary to find a mechanism to break through these type of payment barriers that exclude people in need from accessing services in the community. The Coalition's Healthy Aging Committee is tackling some of these issues.

In addition to the need to change funding models to fit older adult service needs, consumers need to be provided with the tools necessary to seek out care and services in the community that are better alternatives to costly emergency room services. There is currently a reliance on primary care physicians and medication, and too little use of coordinated care management in primary care and too few clinically, culturally and generationally competent mental health professionals. Structural changes are required to the behavioral health system to better address needs like chronic physical and behavioral health conditions, isolation and inactivity. The Coalition is committed to supporting and facilitating a system of integrated care.

Promote Workforce Recruitment and Retention

Behavioral health providers continue to face workforce recruitment and retention challenges, including high turnover rates. While ThriveNYC's Mental Health Service Corps places staff at community-based providers, resource constraints, professional licensing and scope of practice issues prevent providers from hiring the necessary senior supervisory staff to oversee the Corps practitioners. Furthermore, the problem of long-term workforce sustainability still needs to be solved for the not for profit sector providing critical services to people living with mental health issues and substance disorders. Providers also face issues from non-competitive wages and staff who move on to better paying jobs at hospitals, insurance and managed care companies, or through city government. According to a study performed by a group of statewide behavioral health provider associations, which included The Coalition, New York City reported a 42% workforce turnover rate and a 20% vacancy rate among community behavioral health providers.

The Coalition's training department, funded through NYSOMH, DOHMH, and OASAS trains the behavioral health workforce on key clinical best practices to ensure the provision of high-quality services. The training department provides over 100 multiagency trainings annually on a wide range of topics and also provides targeted technical assistance to help the workforce at the program site implement best practices in rehabilitation and recovery programs throughout NYC.

Conclusion

With behavioral health care needs growing across the entire spectrum of life, greater treatment and care, preferably integrated care, will be required to meet the physical and behavioral health needs of individuals receiving services, particularly

those with multiple chronic conditions. We look forward to continuing our partnership with ThriveNYC and all NYC agencies to ensure that the Behavioral Health of all New Yorkers is a priority.

Respectfully submitted,

Amy Dorin, President & CEO
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About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 100 non-profit behavioral health agencies. Taken together, these agencies serve approximately 400,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City and surrounding areas.

Founded in 1972, the mission of The Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community-based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including older adults, people who are homeless, those who living with HIV/AIDS and other co-occurring health conditions, violence and other special needs. Coalition members help people with mental health conditions and substance use disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.