



**NYS Coalition**

for Children's Behavioral Health

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## About the Organization

The New York State Coalition for Children's Behavioral Health (CCBH) is the voice for children, families, and service providers in New York's children's behavioral healthcare continuum. The Coalition represents 42 provider agencies that collectively provide residential and community-based services to over 200,000 individuals per year and employ over 14,000 staff. We work collaboratively with families, state government, and advocates to secure funding and implement policies that best serve the needs of children and families who need all levels of behavioral health support.

## Positions on Executive Budget Proposals

### Article VII bills

- **HMH Part H – SUPPORT** Medicaid managed care reforms, and go further to streamline and standardize processes
- **HMH Part M – SUPPORT** Medicaid continuous enrollment for children 0-6
- **HMH Part AA – SUPPORT** Commercial insurance rate parity for mental health services
- **HMH Part FF – SUPPORT** COLA & INCREASE from 1.5% to 3.2%

### Appropriations and Scorecard

- **\$125m cut to Health Homes – OPPOSE**, especially on top of current-year \$21m cut to Health Homes Serving Children (HHSC) that is driving providers out of the program. Further cuts are untenable and will cut off youth and families' access to services.
- **\$9.6m increase for 12 new Youth ACT teams – SUPPORT**, along with changes to current funding and staffing model
- **\$7.6m for rate increase for children's MH services in integrated settings – SUPPORT & EXPAND** to include OMH/OASAS integrated settings.
- **\$1m to expand specialized service pilot in Children's Community Residence – SUPPORT**
- **\$2.8m to increase rates for partial hospitalization programs – SUPPORT**
- **\$2m to fund youth-led peer programs – SUPPORT**
- **\$6.1m for Early Intervention rate increase – SUPPORT**

## FY 2024-25 Budget Priorities

### Context

New York's children and families with behavioral health needs are in a devastating access to care crisis, with months-long waits for even basic services. This lack of available care is due to decades of underfunding by the State and severely inadequate reimbursement from commercial insurers, that has gutted our workforce and limited providers' ability to serve their communities while adolescent behavioral health needs continue to increase.

### CCBH Solutions

#### Support the current children's behavioral health workforce and providers.

- **Implement \$195m of rate enhancements and reforms across the children's continuum of care** – including but not limited to Article 31, CFTSS, and HCBS programs – to create a sustainable children's behavioral health system that enhances quality and access to services across the state. ***This would enable community-based providers to hire an additional 1,300 clinicians and serve over 26,000 more children.*** See additional details from the Healthy Minds, Healthy Kids rate study in the attached sheet.
- **The 3.2% COLA**, based on the CPI-U (July 2023), which measures inflation, is critically necessary to raise wages for employees facing higher costs, and to cover increased provider operations costs (such as rent, utilities, building maintenance, transportation, food, technology and cybersecurity, interest rates on debt, professional insurance and legal fees) that have increased just as much. Child-serving programs that have historically been excluded from the COLA, like community-based prevention, health homes serving children care management, and domestic violence prevention, should be added to COLA investments going forward.
- **Value Family and Youth Peers consistently across programs.** Raise reimbursement rates for peer services across all programs, including but not limited to HCBS and CFTSS, to be consistent with the MHOTRS rate.
- **Expand Non-Medicaid funding for family peer support by at least \$5.5 million.** Enabling families without Medicaid to access youth peer, skill building, respite, and care coordination is critical for creating equitable access for all families.
- **Fund intensive services models for youth with complex needs.** Increasing numbers of young people have complex behavioral health needs that require levels of care beyond the community-based programs available. Even the current residential options are not designed to serve many of these high acuity children and are limited by regulatory restrictions and a lack of resources. The Executive proposal to put \$1m toward expanding a Children's Community Residence pilot is a place to start, and we urge the state to consider regulatory relief, approval of intensive services models, and additional funding to strengthen the continuum of care.
- **Create a \$25M capital fund for children's behavioral health providers.** Children's providers have a wide range of capital needs, from health and recreation facilities, climate smart upgrades, and safety systems, to updating IT infrastructure for telehealth, electronic health record integration, and other needs.



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## FY 2024-25 Budget Priorities cont'd

### Support the future children's behavioral health workforce pipeline.

We need to act today to enable the workforce of tomorrow, which must be as diverse as the populations served, to join our field. To enable more people of color and people from underserved communities to join our workforce, which has been under strain for decades, we need to reduce barriers to necessary education and provide pathways for current staff to achieve higher levels of education and career advancement.

- **Support \$4M earmarked for child-serving practitioners through the OMH Community Mental Health Loan Repayment Program.**
- **Dedicate funds from the Office of Strategic Workforce Development's Health Care Workforce Investment (HWI) to support the future behavioral health workforce.** The HWI is intended to "strengthen the pipeline of diverse medical professionals and support individuals looking to enter and grow in the health care and direct care fields," which is as important in behavioral health as elsewhere. We urge the state to invest in this workforce pipeline, from high school education initiatives through scholarships, internships, loan forgiveness, professional development, and support for returning to school for an advanced degree, credential or privilege.
- **Fund a scholarship program for students pursuing mental health practitioner degrees, including Masters in Mental Health.** Similar to the "Nurses for Our Future" Scholarship program. Scholarships would enable students who might otherwise be unable to attend college at all to pursue degrees in much-needed professions, which is critical to creating a representative diverse workforce, and including Masters level education would support more diversity in supervisory roles.
- **Temporarily waive professional licensing fees for mental health practitioners.** We propose eliminating the fees associated with applying for and renewing a professional license for mental health practitioners for two years. This would include professionals such as Licensed Clinical Social Workers, Licensed Mental Health Counselors and Licensed Marriage and Family Therapists, among others.

### Improve commercial insurance contribution to children's behavioral health.

Private insurance does not cover a wide range of critical behavioral health services, including CFTSS, HCBS, day treatment, and health monitoring for individuals undergoing medication management, to name a few. Private insurers also generally pay less than 50% of the Medicaid rate for the behavioral health services they do cover. This is unacceptable, and CCBH proposes the following next steps:

- **Support Executive budget proposal to require commercial insurers to pay at least Medicaid APG rates for all OMH- and OASAS-licensed outpatient mental health services (HMH Part AA).** Reducing the dramatic disparity between private insurance and Medicaid reimbursement for behavioral health services, and basing all rates on the actual cost of providing and sustaining services, is absolutely necessary to achieve parity and to adequately serve the children and families of New York.
- **Eliminate copays and coinsurance on behavioral health services to improve access to care, by expanding the language in TED Part EE to include waivers for behavioral health services in addition to insulin.**
- **Require commercial insurance to cover CFTSS.** New York needs to close the gap in services available to children on Medicaid vs private insurance, and requiring insurers to cover Child and Family Treatment and Support Services (CFTSS) is an important step.
- **Monitor and enforce parity, network adequacy, and access to care.**

### For Further Information, Contact:



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