



2017 Mental Health Budget Testimony

February 6, 2017

Families Together in New York State is a family-run organization that represents families of children with social, emotional, behavioral and cross-systems challenges. Our goal is to ensure that *ALL* children and youth have the support they need in order to succeed. We represent thousands of families from across the state whose children have been involved in many systems including mental health, substance abuse, special education, juvenile justice, and foster care. Our board and staff are made up primarily of family members and youth who have been involved in these systems.

The Families Together 2017 Policy Priorities are created by families of children and youth with social, emotional, behavioral and cross-systems challenges.

THE FAMILY PEER SUPPORT AND YOUTH PEER SUPPORT WORKFORCE:

Expand and integrate Family Peer Support Services (FPSS) and Youth Peer Support Services (YPSS) into all children's services.

- Family and Youth Peer Support Service programs are effective because they are family-driven, youth-guided, cross-systems, and community-based services that utilize the lived experience of families and youth to support other children and their families.
- Research has shown that children's services that integrate Family and Youth Peer Support professionals into their programs are more engaging, increase overall satisfaction, and ultimately create better outcomes for children and families.
- New York State created a network of over 200 separate family support programs and approximately 400 professional trained and credentialed family peer advocates.
- State funding should be made available to support, expand, integrate and maintain these programs, and the agencies that utilize them, as children's behavioral health services transition into Medicaid Managed Care and the State launches Health Homes.

QUALITY CARE AND TREATMENT FOR CHILDREN'S BEHAVIORAL HEALTH

Ensure high-quality community-based mental health care is available, timely, affordable, and sustainable by:

- ensuring adequate rates for children's clinics to maintain quality services and a well-trained workforce;
- make services available before a crisis or threat of hospitalization or residential placement; and
- improve coordination with other systems to ensure youth transitioning from treatment receive an appropriate education, connect with aftercare services and participate in ongoing recovery supports.

While implementation of the highly touted 6 new State Plan Amendment services and the re-designed children's Waiver services under 1115 have been delayed due to changes in federal leadership, we request that:

- the \$7.5 million included in last year's budget, but unspent in the 2016-17 State Budget and \$10 million of readiness funds, should be used immediately for capacity expansion of children's behavioral health services.

Additionally, community-based service providers should receive a fair share of statewide healthcare transformation funding:

- A disproportionate share of transformation funds go directly to hospitals when the purpose of these funds is to reduce costly hospitalizations.
- In this year's Executive Proposal, the statewide healthcare transformation funding pool for hospitals increased from \$195 million to \$500 million.
- Last year, community providers were appropriated 15% of the \$195 million pool, or \$30 million. However, despite the increase to \$500 million this year, funding for community-based providers stayed flat at \$30 million.
- Given the capacity crisis we face today, we request that \$125 million of the statewide healthcare funding pool be allocated to community-based services providers.

Lastly, we support the state funding the minimum wage increase for the mental health workforce and enacting the COLA:

- It is estimated that mental health providers need \$45 million to fund the minimum wage increase.
- The Executive budget proposal provides \$3.5 million and doesn't fund a COLA for contracts that aren't Medicaid.
- If the COLA was enacted instead of delayed, it would add \$40 million for OMH, OASAS and OPWDD direct Care Workers, therefore, we recommend enacting the COLA this year.
- We also urge you to redirect 25% of any unspent DSRIP workforce development funds to community based providers to support hospitals systems that want to "buy, not build" behavioral health services so they can meet Value Based Payment targets.

PROVIDE QUALITY EDUCATION FOR ALL:

Bolster school-based children's behavioral health capacity and support the community school expansion to build partnerships among school districts and community-based service providers.

- We support the \$150 to support the continued transformation of high-needs schools into community-hubs.
- Funding should be allocated toward more school-based mental health services, treatment and supports to meet the needs of children and families facing significant behavioral health challenges that impact their academic performance.
- The State Education Department and the Office of Mental Health should articulate a plan to improve access to school based Mental Health service across the state.

OUR GUIDING PRINCIPLES

1. Families and youth must be active participants in planning services for their family and in developing and monitoring policies and services within their communities and within the state. When families and youth are involved, services are more engaging, overall satisfaction increases, outcomes improve, and the need for expensive hospitalizations and residential placements are greatly reduced.

2. All children, youth and their families must have timely, affordable access to appropriate services within their community. Services must be cross-systems and ensure care is provided in the most integrated and appropriate setting possible. A study from the *Journal of Adolescent Health* estimates that 70% children and youth in need of mental health services *do not* receive the treatment they need.

3. Children and youth must receive an appropriate education in the least restrictive environment possible. Dropout rates are highest for children with social, emotional and behavioral challenges—only 43% graduate with a High School Diploma.