



TESTIMONY: UJA-FEDERATION OF NEW YORK
The Joint Fiscal Committees of the New York State Legislature
Mental Hygiene Joint Legislative Budget Hearing for Fiscal Year 2024-2025

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On behalf of UJA-Federation of New York, our network of nonprofit partners and those we serve, thank you for the opportunity to testify on the importance of maintaining and expanding support for behavioral and mental health services.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services and allocates over \$170 million each year to combat poverty and food insecurity, nurture mental health and well-being, respond to crises here and across the globe, and strengthen Jewish life.

Human Services COLA

UJA's network of human service providers assists New Yorkers of all backgrounds throughout the five boroughs of New York City, Westchester, Nassau, and Suffolk counties. UJA's network provides a wide range of human services, including child care, mental health supports, day, and residential programs for people with developmental/intellectual disabilities, case management services, older adult programming, and increasing and maintaining access to food.

The FY 2023 and 2024 enacted budgets included Cost of Living Adjustments (COLAs) bringing some relief to certain human services sector employees whose positions were included in statute. However, not all programs or titles were eligible for this increase. Additionally, despite a 5.4% COLA in FY 2023 and 4% COLA in FY 2024 for some employees, UJA's network of nonprofits continues to struggle to recruit and retain its workforce while significant inflation has increased their operating costs.

While UJA thanks Governor Hochul for including a 1.5% COLA for state contracted human service workers in the FY 2025 Executive Budget, we recognize a more substantial investment is needed to further support the work of human services agencies and personnel. Additionally, the Governor's proposed 1.5% COLA is still not inclusive of all State-contracted human services programs. As it is currently written, in both the Aid to Localities and Article VII bills, only certain human services programs within certain agencies are authorized to provide the COLA. State agencies should review their portfolios to ensure that all human services programs are provided with a COLA. Having this COLA implemented across-the-board and inclusive of all human services nonprofits under contract with New York will help achieve better pay equity across the State. **UJA requests**

the Legislature include a 3.2% COLA in the enacted budget to keep the wages of human services workers in line with inflation and help nonprofits address increased costs of operations.

UJA urges the **Legislature to pass S7793/A8437 and S1291/A4046** to ensure all state contracted human services programs receive a COLA. The FY 2024 COLA did not apply to all human services programs including but not exclusive to, New York State Commission for the Blind programs, New York State Supportive Housing Programs, preventative services, and transportation services. Human services programs have been underfunded across the board and continue to provide services despite operating in a challenging economic climate. Passing S7793/A8437 and S1291/A4046 would implement a COLA in every state-funded human services contract, taking the first step to address the underfunding this sector has had to deal with for too long.

Lastly, UJA recommends the **Legislature pass S4675/A3329 which would establish a human services employee wage board**. Human services workers make between 20 and 35 percent less in median annual wages and benefits than workers in comparable positions in the private and public sectors. To right size the wages human service workers receive that are funded by state contracts, the state should create a human services employee wage board to investigate wage inequities and develop recommendations on adequate and equitable wages. Specifically, the wage board would focus on how the state sets wages on human services contracts and explore policies and legislation that can help lift wages for this crucial workforce.

Inclusion of a 3.2% COLA in the FY 2025 enacted budget along with passing S7793/A8437, S1291/A4046, and S4675/A3329 would put the state on the right path to compensating human services workers at higher wages and investing in the future of the important work each offers to their communities across New York State.

Telehealth Pay Parity

During the pandemic, behavioral health providers used telehealth services to maintain services when they were unable to offer in-person services. Now, many clients continue to prefer telehealth as it reduces barriers to care. In the past, many clients have struggled with attendance due to issues such as unreliable transportation, access to child care, or minor illnesses. Telehealth services remove many of these barriers and have led to increased attendance. Before the pandemic, one of the nonprofits in the UJA network had a 20 percent no show rate for behavioral health services reimbursed through Medicaid. The addition of telehealth treatment has decreased that to 10 percent. Clinicians also prefer the flexibility that serving clients remotely allows and continue to offer the same quality care remotely that individuals would receive in person. UJA requests that all health plans, including Medicaid and commercial plans, continue to fully reimburse providers for services delivered via telehealth. This will allow individuals to continue to receive the behavioral health care they need.

Strengthen the Behavioral Health System for Children and Youth

Children and youth in New York with behavioral health needs and their families struggle to access basic care let alone care when they are in crisis. Decades of underfunding by New York State and inadequate reimbursement rates from commercial insurers, has decreased the number of practitioners who take insurance. Fewer providers who take insurance contribute to long wait times for outpatient care, intensive inpatient services, or community support services. Concurrently, the pandemic took a negative toll on adolescents, increasing the need for behavioral health services for this population.

Behavioral health services for children and youth are difficult to access. UJA recommends the Legislature to include the following investments to strengthen this system of supports:

- a) **Implement \$195 million of rate enhancements and reforms across the children's continuum of care.** This includes but is not limited to Article 31 clinics, Children and Family Treatment and Support Services (CFTSS), and Home and Community Based Services (HCBS) programs. This would enable providers to hire more clinicians and serve more children.
- b) **Create a \$25 million capital fund for children's behavioral health providers.** Providers have a wide range of capital needs from health and recreation facilities to environmental upgrades, updating IT

systems to electronic health record integration. These are costly and not covered by direct service rates. This investment would support providers to meet their capital needs while ultimately strengthening services for children and youth.

UJA also opposes the \$125 million cut to Health Homes Serving Children (HHSC) included in the Executive Budget. Over 30,000 children and youth would be left without supports if this proposal is implemented. Health homes serve children with serious mental health conditions, as well as children with developmental disabilities, medically complex children, and those with social care needs. The HHSC help children with complex needs to access an array of HCBS that allows them to remain in the community. In the past, HHSC have been excluded from funding opportunities including COLAs and rate enhancements. This year, there was already a \$20 million cut made to HHSC which led to agency closures and reduced access to care. If the additional proposed cuts are enacted, HHSCs are at risk of being completely decimated, further limiting the ability of child welfare and mental health providers to provide services to high needs children and their families. To impose cuts of this magnitude with no plan to address the thousands of individuals who would lose services, and the impact this would have on the Children's Waiver would have catastrophic consequences. For these reasons, **UJA requests the Legislature reverse the \$125 million cut to Health Homes Serving Children.**

Invest in Direct Support Professionals

Direct support professionals (DSPs) are the backbone of the OPWDD service system, providing personal care, feeding, transportation, and medical monitoring to individuals with intellectual/developmental disabilities (I/DD). Nonprofits funded by OPWDD employ nearly 100,000 DSPs and deliver 85 percent of the services individuals with intellectual/developmental disabilities need to thrive in community settings.

Unfortunately, many OPWDD providers struggle attracting and retaining candidates for DSP jobs. The pandemic worsened this problem, with many DSPs leaving the workforce due to succumbing to the day-to-day stress of caring for a medically fragile population. DSPs continue to leave positions at nonprofits to go to higher paying job sectors that can increase their wages. High DSP vacancies have a direct negative impact on individuals with I/DD resulting in service reductions, program closures and loss of supports. The high DSP turnover rate is financially devastating to nonprofits costing them \$100 million annually.

Sustained, long-term investments must be made to truly improve recruitment and retention of DSPs at nonprofits. **UJA recommends the establishment of a new Direct Support Wage Enhancement (DSWE) as part of the FY 25 enacted budget.** Through the proposed DSWE, OPWDD provider agencies would receive an annual funding allocation of \$4,000 per eligible employee to be used for the purpose of enhancing the hourly rate of pay for all staff that have direct care/support responsibilities for individuals with I/DD. This will provide agencies with the ability to increase the hourly pay by approximately \$2.19/hour annually for eligible staff presuming each staff member receives the same increase. The funding would be required to be used by nonprofits to enhance the rate of pay for direct support employees.

Addressing Access Issues in OPWDD's Self-Direction program

Self-Direction is a program that allows individuals who are eligible for OPWDD services and are enrolled in the Home and Community Based Services Waiver to have control over their budget for services and who they employ to meet their service needs. There are different categories in a Self-Direction budget. Each has its own guidelines and spending caps. One of the categories is Individual Goods and Services (IDGS). An example of IDGS are community classes-private classes or lessons that relate to a goal in an individual's Life Plan¹ that cannot be taken in segregated settings (places where the class is only offered to other individuals with intellectual/developmental disabilities).

¹ According to OPWDD, "The Life Plan is a document that outlines a person's: goals and desired outcomes, habilitation goals, strengths and preferences, clinical and support needs, services and provider, and safeguards including individual back-up plans and strategies." More information about Life Plans can be found [here](#).

Several Jewish Community Centers (JCCs) in UJA's network of nonprofits have hosted community classes that Self-Direction participants have attended in the past and were paid for by their IDGS budget. These included but were not exclusive to cooking, exercise, art, music, or self-advocacy classes. In the past, if the class could be connected to working on a goal in a person's Life Plan, the community class was approved for funding.

Starting in February 2023, JCCs began to have an increasingly difficult time getting their classes approved for Self-Direction funding. In many instances, these were classes that were approved to receive Self-Direction funding for years and then suddenly were no longer approved. The reasons community classes in JCCs were being rejected for Self-Direction funding included: classes were longer than 90 minutes; classes were being taken consecutively which was deemed as resembling a day habilitation program; too many classes a day were being taken at the same place and participants in classes were people with disabilities and not integrated. Individuals in the Self-Direction program as well as the nonprofits who oversee classes were not notified about any changes in guidelines that would result in classes being rejected that were once approved for funding.

This resulted in JCCs restructuring their classes to fit into what OPWDD deemed as being permissible to be funded by Self-Direction money. JCCs changed their schedules to ensure classes were not being taken consecutively or lasted more than 90 minutes. They also edited the class descriptions, deleting any words that alluded to the class being specifically for people with disabilities. To be clear, all classes at JCCs are open to the entire public to join, including the classes that people with developmental/intellectual disabilities attend who are in the Self-Direction program. In many cases, most of the individuals who attend these classes do have disabilities. While JCCs altered their class descriptions, they cannot in the end control who does or does not decide to take a class at their facility.

For over a year, the guidelines for community classes have been constantly evolving resulting in providers attempting to find ways to fit into this changing system. At the same time staff at JCCs continue to try to serve the people with intellectual/ developmental disabilities who rely on them for community services. JCCs have recently been notified that individuals can no longer take more than two classes a day. Limiting the number of classes a day impacts the individuals attending the classes more than those hosting the classes. Many individuals choose to take multiple classes a day due to the cost of transportation as well as the time it takes for them to get to their JCC. Limiting the number of classes a person can take a day will result in individuals with intellectual/ developmental disabilities taking less classes when it may be out of the question for them due to money and time restraints to travel to the JCC multiple days in a row.

Individuals with intellectual/developmental disabilities rely on JCCs for services that enrich their lives and help them to live in the community. In many instances JCCs have become a second home for them and allow them to interact with people from their communities from diverse backgrounds and ages. The limiting of community classes at JCCs has made it more difficult for individuals to access these valuable resources. It has also put a tremendous strain on providers. Furthermore, there has never been any formal change of guidance for the Self-Direction program from OPWDD. Individuals found out about changing criteria when they requested a class be approved for Self-Direction funding.

UJA is urging OPWDD to reconsider their recent policy changes in the Self-Direction program and to reverse the informal guidelines that limit the number of classes a day an individual can take, the length of classes and classes being taken consecutively. If classes are open to the public they should be approved, regardless of who attends the classes. Lastly, if guidelines for what will or will not be funded through Self-Direction are being considered at OPWDD, participants in the Self-Direction program as well as their families and providers who serve them should be granted the opportunity to provide feedback on them and be educated on any finalized changes before not after, they are implemented.

Self-Direction provides an opportunity for individuals with intellectual/developmental disabilities to take control of their services and manage them in a way that benefits them. Creating roadblocks to accessing community classes that target Life Plan goals makes the Self-Direction program more difficult to navigate and

takes control away from the participants in the program. UJA looks forward to working with OPWDD to ensure that the Self-Direction program continues to help individuals with intellectual/developmental disabilities “live the life they want.”

Conclusion

UJA-Federation of New York respectfully urges your consideration and support of these vital programs that assist our state’s most vulnerable and neediest individuals and the organizations that serve them. Thank you for the opportunity to submit testimony. Please contact Faith Behum at behumf@ujafedny.org or 212-836-1338 with any questions.