



Policy Priorities

Every year, more than 1 in 5 New Yorkers has symptoms of a mental health disorder, and 1 in 10 experience mental health challenges that are serious enough to affect functioning at work and in their family and school life.¹ Approximately 1.3 million New Yorkers have a substance use disorder.² Unfortunately, the majority of individuals with behavioral health issues do not receive the treatment or employment opportunities they need, even though both can transform lives, facilitate recovery, and help individuals successfully live in the community.

Workforce: The behavioral health workforce is in crisis. Across the state, positions have a 34% turnover rate and 14% of positions are vacant.³ The crisis is even worse in New York City and Long Island, which have 20% vacancy rates and turnover over 40%. Clients are harmed when their behavioral health worker changes after just a few months in treatment, or when they must wait weeks for an appointment because there are not enough clinicians. To solve this crisis, we must invest in the workforce by providing adequate compensation, student loan forgiveness, a career ladder, and attracting culturally competent and linguistically diverse employees.

Substance Use: Every seven hours, someone dies of a drug overdose in New York City.⁴ Although deaths statewide and in NYC declined for the first time in several years in 2018, the crisis is far from over. Deaths in the Bronx, Manhattan, and Staten Island rose in 2018.⁵ Aggressive action is needed to treat this substance use epidemic. We must increase access to high-quality, evidence-based treatment, including Medication-Assisted Therapy (MAT) for opioid use disorder. Staff vacancies at treatment programs are a frequent and increasing reason why individuals in need of treatment are unable to access services, making targeted workforce investments an essential part of any plan to address the opioid epidemic.

Provider Sustainability and Medicaid Managed Care: The massive transformation of New York State's Medicaid program from fee-for-service to managed care represents an exciting opportunity to improve care and remove treatment barriers. However, the chronic underfunding of community-based providers has left many ill-equipped to manage this transition. The State must take a leading role in removing barriers to integrated care and developing regulatory policies that allow for sustainable business models, including prioritizing value-based payment partnership models that ensure the sustainability of behavioral health providers. The State must require that managed care plans provide fair, timely, and sustainable reimbursement rates to behavioral health providers, and that these rates be adjusted annually for inflation.

Health Home Care Management: One person to manage all your physical and behavioral healthcare needs. That is the goal of Health Home Care Management, the core tenet of the Medicaid Redesign Transition. Care managers help save the system money by preventing expensive emergency room visits and avoidable hospitalizations, providing critical engagement and coordination in a still fractured and uncoordinated system that follows the enrollee wherever they go, and connecting them to services in the community when they need it. Early NYS data demonstrates a 30 percent reduction in spending for inpatient services for a subset of individuals continuously enrolled in a Health Home.⁶ However, Health Home Care Management is financially unsustainable given the current rates, and in order to keep their

doors open at the current rates, agencies must require care managers to have high caseloads, which impacts their ability to provide holistic care and reduces critical engagement.

Supportive Housing: Supportive housing is an important component of recovery and rehabilitation for over 50,000 individuals. Supportive housing helps individuals to stay in the community and in treatment, and prevents ER visits, hospitalizations, and incarceration. But as rent rises, supportive housing rates don't: programs have lost forty to seventy percent of funding due to inflation.⁷ Additional support for existing supportive housing and SROs is essential, as is a strong continued funding commitment to build new supportive housing.

Children: When children receive the behavioral health care they need, they grow into healthy adults. Nationally, 65 to 70 percent of children in the juvenile justice system have a diagnosable mental illness, and only 57 percent of students with emotional disturbance graduate from high school.⁸ Timely access to behavioral healthcare keeps children out of other costly systems such as the juvenile justice system, foster care, and the emergency room, and helps them stay and succeed in school and the community. Unfortunately, many children do not get timely access to care, or cannot access care for long enough, because of waitlists for treatment, a lack of qualified staff, and staff turnover. The transition into Medicaid managed care, specifically the delivery of Children and Family Treatment and Support Services and newly aligned Home and Community Based Services, represents a significant shift to the system. State and City leaders must ensure that children, families, and caregivers have timely, appropriate, and uninterrupted access to care. Schools and parents need to be educated on the services available in the community so they can connect children to care once issues arise.

Older Adults: With behavioral health care needs growing across the entire life spectrum and as the older adult population is increasing rapidly, predicted to increase by 75 percent in NYS the next 20 years, greater treatment and care will be required to meet the physical and behavioral health needs of individuals receiving services through Medicaid and Medicare programs.⁹ Along with its members, the Coalition calls for intentionally focusing on ensuring that dually eligible older adults are a part of every advocacy conversation, recognizing that behavioral health needs and service delivery take place across the life span.

Criminal Justice: Individuals with behavioral health issues should not face criminal consequences for their disease. Jails and prisons are poorly equipped to provide quality behavioral health treatment to individuals with mental illness and/or substance use issues. Studies consistently find that people with behavioral health needs experience declines in wellness while incarcerated, rather than making progress toward recovery.¹⁰ In the two weeks after release from prison, individuals are forty to one hundred times more likely to overdose than the general population, because individuals do not receive adequate treatment in prison or re-entry support. The Coalition supports alternatives to incarceration programs, programs designed to prevent incarceration and criminal justice involvement, and legislative changes to reduce and eliminate criminal consequences for behavioral health needs.

¹ New York State Department of Health. Prevention Agenda Toward the Healthiest State – Mental Health/Substance Abuse Priority Area.

https://www.health.ny.gov/prevention/prevention_agenda/mental_health_and_substance_abuse/mental_health.htm.

² Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2016-2017 State Estimates.

³ Mental Health Association of New York State. Survey Results from Behavioral Health Agencies Highlight High Turnover Rates and Vacancy Rates Across New York State. <https://mhanys.org/mh-update-1-9-19-survey-results-from-behavioral-health-agencies-highlight-high-turnover-rates-and-vacancy-rates-across-new-york-state/>.

⁴ New York City Department of Health. Unintentional Drug Poisoning (Overdose) Deaths, Quarter 1, 2019, New York City. <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2019.pdf>.

⁵ New York City Department of Health. Health Department Announces Drug Overdose Deaths Decreased in 2018 for the First Time in Eight Years Following Historic Investments. <https://www1.nyc.gov/site/doh/about/press/pr2019/drug-overdose-deaths-decreased-in-2018-for-first-time-in-eight-years.page>.

⁶ Department of Health and Human Services, Office of the Secretary. Interim Report to Congress on the Medicaid Health Home State Plan Option. <https://www.medicaid.gov/medicaid/ltss/downloads/health-homes/medicaid-health-home-state-plan-option.pdf>.

⁷ Bring It Home: The Facts. Accessed 9/10/19. <https://www.bringithomenys.org/the-facts>.

⁸ Milbank Memorial Fund. Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers. https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_REPORT_FINAL.pdf.

⁹ The Geriatric Mental Health Alliance of New York. Geriatric Mental Health: Demographic and Epidemiological Data. <https://www.vibrant.org/wp-content/uploads/2018/10/2018DataBookFINALCorrected1.pdf>.

¹⁰ Vera Institute of Justice. Corrections-Based Responses to the Opioid Epidemic: Lessons from New York State's Overdose Education and Naloxone Distribution Program. <https://www.vera.org/publications/corrections-responses-to-opioid-epidemic-new-york-state>.