Dear Commissioner Sullivan:

As children’s advocates, behavioral health providers, and parents and caregivers in New York, we appreciate this opportunity to provide feedback on how the state might utilize federal funding through the Mental Health Block Grant (MHBG) administered through the Substance Abuse and Mental Health Service Administration (SAMSHA), as well as enhanced funding through the Federal Medical Assistance Percentage (FMAP).

Children in New York have faced a year of loss, fear, isolation, disrupted learning, and financial distress. The harms of this pandemic to children’s emotional and mental wellbeing are widespread and undeniable. Fewer children are able to access care, even as more children are experiencing mental health crises at younger ages. The result has been a surge of children on waitlists or entering Emergency Rooms and hospitals in severe psychiatric distress.

Given the influx of federal funding and considering the urgent and pressing behavioral health needs of our state’s children, we believe New York has a moral imperative to make substantial and long-lasting investments in behavioral supports for children and families. Children have historically been last and least when it comes to mental health and SUD funding, and our state is now facing a shrinking behavioral health system for children.

We believe 50% of funding from the MHBG and future federal funding dedicated to mental health and SUD services should be directed towards services for children and families. These funds should cover not only children who are SED-eligible, but also children and families at-risk of developing SED. Only by investing in supports for the youngest New Yorkers can our state break the cycle of behavioral health crisis that turns struggling children into adults without recourse for care or adequate support.

Below we outline our recommendations for how federal funding should be prioritized.

Enhanced FMAP

We believe enhanced FMAP funding provides an opportunity to strengthen access to Children and Family Treatment and Support Services (CFTSS) and children’s Home and Community Based Services (HCBS). We join provider partners in recommending the following proposals:

- Children’s HCBS:
  - Provide grant payments to encourage HCBS expansion during the 12-month eFMAP window
o Un-couple the SED population from the consolidated waiver and establish an 1115 waiver for SED youth and youth with co-occurring needs
o Institute HCBS auto-enrollment for certain populations (specifically foster care youth leaving residential services and Family of One children)

Embed care management and reduce case loads through a Health Home Plus model for certain complex care populations

• CFTSS
  o Enable the Child Health Plus program and the Essential Plan to cover CFTSS services
  o Return FPSS/YPST/PSR to the 25% enhanced start up rate for the eFMAP period
  o Provide workforce development/capacity building grants to all existing CHMRS licensed to CFTSS providers and all those seeking licensure
  o Provide incentive payments to any providers who add substance use specialists to their CFTSS programs

**Community Mental Health Block Grant Funding**

We recommend the following purposes for federal block grant and recurring state revenues:

**Invest in schools**

Schools remain one of the primary sites where young people receive behavioral health supports. Investments could include:

• A revolving start-up grant program for school-based satellite clinics in underserved areas. This could support the anticipated need for school-based service delivery expansion by giving one-time grants to establish new sites, including preparing space, buying equipment, training school staff, setting expectations, and establishing claiming.
• Expand mobile crisis response team contracts and hours of operation with schools to reduce emergency removals.
• Fund school-based supports that are not billable. This could include consultation and training of school employed social workers and psychologists, de-escalation techniques, culturally appropriate outreach and engagement by family peers, and expansion of screening and early identification usage as a post-pandemic effort to prevent long-term needs.

**Invest in clinical supports**

• New York faces a chronic shortage in clinical capacity. Proposals to enhance the workforce are one way of addressing these challenges (see below), as are efforts to provide startup funds for clinics and expand mobile crisis response. We also recommend using available funds to enhance and expand Intensive Outpatient Program (IOP) services and similar models to provide intensive, time-limited, outpatient psychiatric services to patients living in the community.

**Invest in family supports**

Significant additional investments are needed in integrated case management and treatment models that serve children and families. Investments could include:
• Add to existing, effective community-based services and supports for additional family peer and youth peer services and training; youth and young adult clubhouses and safe spaces; and flexible funds that respond to one-time family needs, ameliorate a barrier to treatment plan adherence, or support activities that re-establish relationships.
• Expand funding for mobile crisis and Youth Act teams so they can have a family peer and/or youth peer advocate available at response and to provide unique models of care for follow-up with the family and children with challenging behavioral such as leaving home; expand the operating hours of existing teams; add mobile crisis and youth act teams where none exist; and expand alternatives to crisis removal that are trauma informed.
• Enhance OMH allocation for non-Medicaid care coordination. Target families with children who lost a family member/caregiver; have long term illness or disability; lost employment, housing, or insurance; have been impacted by incarceration; cannot access or sustain remote educational contact; or are hard-to-serve because of their immigrant status. This time-limited care coordination effort would respond to the needs of the family unit so they can take advantage of temporary and/or permanent opportunities that address their individualized situations.
• Retain and expand Family Resource Centers.
• Expand family and youth driven prevention services.

Invest in early care and education

• Increase funding for integrated behavioral health programs for young children such as Healthy Steps, including hiring and training of new staff.
• Prioritize investment in Evidence Based Practices for young children and their families, including staff training, fidelity fees, adherence to staffing and reporting.

Invest in workforce

The mental health and SUD workforce has faced chronic shortages, leading to far too many children and families left waiting or without care. We echo the recommendations of providers in the field in requesting that OMH submit a MHBG waiver to include the following workforce priorities:

• Sign-on bonuses for new employees;
• Student loan forgiveness;
• Continuing education scholarships and tuition reimbursement to help BIPOC providers enter into the workforce, as well as incentive grants to agencies to increase hiring of BIPOC and multilingual providers;
• Special support to hire additional staff who reflect the culture and experiences of the people and community served;
• Salary upgrades that encourage longevity and the retention of qualified staff and that create parity with comparable positions in other sectors;
• Incentive pay/trauma stipends;
• Wellness programs;
• Childcare programs;
• Peer recruitment, training, and job placement;
• State income tax credit for certain direct care workers, residential workers, and other low-paid workers;
• Grants to licensed OMH providers that do clinical supervision and interns who are required to get clinical supervision before they can be licensed;
• Grants for telehealth infrastructure and enhancements.

Thank you for your time and consideration.

CC:
Christopher Tavella, Executive Deputy Commissioner, OMH
Emil Slane, Deputy Commissioner & CFO, OMH
Robert Myers, Senior Deputy Commissioner, OMH
Donna Bradbury, Associate Commissioner, Division of Integrated Community Services for Children and Families, OMH
Moira Tashjian, Associate Commissioner, Division of Adult Community Care Group, OMH