



TESTIMONY TO THE SENATE MENTAL HEALTH COMMITTEE BY THE FEDERATION OF MENTAL HEALTH SERVICES  
FEBRUARY 14, 2022

Good Morning. My name is Tracy Schneider and I am the President of the Federation of Mental Health Services (Federation). The Federation is a membership organization representing 15 outpatient mental health and substance use providers. Our 5800 employees serve over 30,130 New Yorkers, 71.3 % are Medicaid recipients (21,500). Federation members have a shared mission to provide culturally competent patient-centered mental health and substance use services, located in the neighborhoods where our clients reside. Our dedication to increased access is reflected in the fact that our members accept most, if not all payors (government as well as commercial plans) but for those people who are un or underinsured, offer sliding scale arrangements in order to eliminate any barriers to care that a lack of coverage might create.

On behalf of my members, I want to thank this committee for the opportunity to share our perspective on the Executive Budget for 2022-2023. The Federation was pleased Governor Hochul's budget proposal did not contain any cuts, and in fact provided several provisions that will be helpful to our field. That said, we also respectfully point out that more can and should be done to help sustain the type of community based behavioral health services that our members provide.

For over 57 years, the Federation has dedicated itself to preserving the availability of community based behavioral health services since by providing rapid and local access to care, we are particularly well positioned to reduce the barriers that often deter those most in need of care from seeking it out. As neighbors, we are part of the fabric of those communities with many of our agencies serving multiple generations of families. Both the COVID-19 pandemic and behavioral health public health crises have highlighted the critical need for behavioral health services. Federation members report that requests for services are skyrocketing and many of our members participated in the workgroup convened to explore the increase in waitlists experienced across the state. A New York State Health Foundation (July 2021) report states that 40% of New Yorkers reported experiencing poor mental health in 2021 while the National Council of Wellbeing in 2021 also spoke of a 78% increase in requests for service in that same timeframe.

It is a constant struggle for smaller organizations like our members to balance increasing expenses with rates that have not kept up. Governor Hochul's Executive Budget includes several provisions that will help address some of these challenges. The Federation strongly supports the following elements included in the Governor's budget:

- Extending APGs until 2027: APGs are our most important funding source and we fully support this extension.
- Telehealth parity, including audio-only: Telehealth has quickly become an important access point to care and our clients in particular, rely on audio-only access. This in large part is due to barriers our communities face in accessing broadband, smart phones and other devices required in order to utilize synchronous telehealth services. We fully support and need telehealth parity, which includes audio-only.
- Workforce Bonuses: The proposed workforce bonuses are appreciated to support our clinical staff that worked tirelessly through the dual pandemic the behavioral health workforce faced.
- 5.4% COLA: This COLA is long overdue and welcome to support the behavioral health workforce.

We urge the legislature to accept these proposals and we look forward to working with them to build off the Governor's proposals to ensure that community-based providers have the funding and support to meet the needs of the communities they serve. In addition to support for proposals highlighted above, we request the legislature support for the following:



- Permanently codify the other licensed professionals scope of practice (particularly LMHC's) operating in licensed programs
  - The legislature has extended this scope of practice issue for many years but it is set to sunset in June. LMHCs account for about 40% of our workforce and provide the over 70% of our bilingual care. Their ability to practice to the full extent of their license, including the ability to diagnose, is at risk since they were only issued a temporary exemption and once that expires, losing them would be an insurmountable loss. We are asking that a permanent extension be made. Limiting the behavioral workforce during the height of a workforce crisis serves no one, especially not our patients.
- Support a rate enhancement for OMH Article 31 Clinic similar to the one proposed by OASAS for their provider group
  - 70% of Federation member agencies are licensed by both of those regulatory groups so rate enhancements should be applied across the board.
- Protections for providers in managed care
  - Community-based behavioral health providers have not been well served by the inclusion of behavioral health services in the managed care benefit (as evidenced by the recent recoupment of \$111 million dollars from plans for failing to spend those dollars for behavioral health). In fact, including our services created additional challenges and delays to providing quality care. If these categories of services are to remain in managed care, we support the Governor's procurement proposal since by doing so, it will limit the duplication and administrative burdens we have experienced with the system as it presently exists. We would also urge that plans are required to not only adopt the existing OMH and OASAS regulations as the basis for compliance activities, but use a unified audit tool that is reflective of those standards. Having multiple audits for the same expectations (like physical plan) seems at the very least unnecessary. Being held to duplicative as well as contradictory standards adds unnecessary confusion like the variations that presently exist re: treatment planning between the OMH regulations and those imposed by the plans themselves).

In closing, I thank you for your attention and remain available to you should you have any questions about this testimony, or in any way that the Federation of Mental Health Services can be of assistance to this committee in the future.

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