



**New York State Assembly Committee on Mental Health, Committee on Higher Education
& Committee on Labor**
**Hearing: The Impact of COVID19 on the Delivery of Health Care and the Health Care
Workforce**
November 17, 2021

Good morning, Chair Gottfried, Chair Glick, Chair Joyner and distinguished members of the Assembly. I'm Nadia Chait, the Director of Policy & Advocacy at the Coalition for Behavioral Health. The Coalition represents about 100 community mental health and substance use providers, who serve thousands of New Yorkers every day. Thank you for convening a hearing on this critical issue.

Thousands of New Yorkers cannot access mental health and substance use care currently because there are not enough people working in behavioral health. At a time when demand for behavioral healthcare is at the highest levels we have seen, behavioral health providers are forced to open waitlists, reduce program capacity, and in some cases, close programs, due to an insufficient workforce.

Prior to the COVID-19 pandemic, New York already had a shortage of mental health and substance use professionals. However, this shortage has grown substantially over the course of the pandemic. Many behavioral health professionals, after working for months to help New Yorkers through the pandemic and the racial reckoning that occurred, became burnt out and left the field for higher paying, easier jobs in retail and other sectors. The majority of the behavioral health workforce is women; the lack of support for parenting during the pandemic has been incredibly difficult for staff with children, and many have left the workforce as a result. Additionally, for-profit mental health ventures, hospitals and state and local governments have all been hiring behavioral health professionals, at higher salaries than community providers can pay. Many of these positions are for non-clinical roles.

This exodus from the workforce is happening at a time when demand has never been higher, and the result is devastating for New Yorkers. People are not able to access the behavioral healthcare they need. Individuals with depression, anxiety, and serious mental illness are attempting to get by without these life-saving services. The result of this is terrifying, with overdose deaths increasing 39% from 2019 to 2020, suicide rates increasing among Black and Latina youth, and surveys consistently showing that at least one in five New Yorkers in need of care for anxiety or depression are not able to access it. The Coalition is a member of the Healthy Minds, Healthy Kids Campaign, which works to ensure that all children receive the behavioral health services they need. Unfortunately, that is not currently happening. Almost 7,000 children in New York have lost a parent or caregiver due to the pandemic, and many of them do not have access to critical supports at this time.

We must take bold action now to increase access to care by building up the mental health workforce. The Office of Mental Health took an important first step in allocating \$21 million in federal block grant funds to workforce recruitment and retention, but this is woefully insufficient for the crisis at hand.

We need a \$500 million investment in our workforce. The primary reason that there are not enough people in the behavioral health workforce is because these jobs simply do not pay enough. Staff make minimum wage or slightly more in positions that are challenging and often require advanced degrees.

Increase Rates for Programs

To solve this, we must increase rates for licensed and unlicensed behavioral health services and programs, including clinics, care management, children's services and housing. Increased rates provide permanent funding, so that providers can increase staff salaries immediately. This must include maintaining the enhanced funding for children's HCBS and CFTSS, to stabilize the current system and to plan for further enhancements to grow capacity.

Make Enhanced FMAP Workforce Funding Increases Permanent

OMH and OASAS are spending \$47.9 million of the enhanced FMAP for HCBS services on workforce recruitment and retention. This funding must be made permanent. Staff need to know that they will be invested in, that their salary increases are not temporary, and that they will have continued access to expanded benefits. This is essential to recruitment and retention.

Build the Job Pipeline Through Licensure, Loan Forgiveness and Tuition Reimbursement

The behavioral health workforce faces high education costs, which are untenable when coupled with the low salaries of the field. This keeps individuals from entering the field, and it also results in individuals leaving the field after three years for private practice or other higher-paying options. Some staff are also not currently able to practice to the scope of their trainings. Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), and Licensed Psychoanalysts (LPs) are currently able to diagnose under an exemption that is about to end. Legislation must be passed to change the scope of practice so that these staff are able to work to their training and so that we do not lose these critical professionals to other states at a time when our workforce is in crisis.

The current social worker loan forgiveness program has incredibly tight geographic restrictions that simply make no sense given the statewide workforce crisis. In addition, the amount funding is less than the average debt of a social worker. The program also excludes many other staff, including LMHCs, LMFTs, and LPs. Geographic restrictions should be removed, funding should be substantially increased, and LMSWs, LMHCs and LMFTs should all have access to this program. We also encourage the Assembly to explore including bachelor's degrees in human services, social work and related fields, to help staff in lower-level positions stay in the field.

Tuition reimbursement will be essential to increase the number of individuals entering the mental health field, which is critical to meet the demand. Full scholarships should be available to individuals at SUNY and CUNY schools in relevant programs who commit to working in the

public mental health and substance use field for five years following graduation. Funding for paid internships and for field supervision is also essential to building a pipeline into the field.

Invest in Diversity, Equity & Inclusion

Currently, the behavioral health workforce is not representative of the diversity of New Yorkers. While raising salaries and providing funding for education will help, targeted actions must be taken to diversify the workforce. This should include scholarships specifically for BIPOC, scholarships for individuals who speak languages other than English, a BIPOC Leadership Development Program, and training on racism and bias in the workplace.

Build Career Ladders for Adult and Youth Peers

Peers (people with lived experience and training) are a critical part of the behavioral health workforce. However, peers are often unable to move up in agencies or to access non-peer positions. We must make investments to develop career pathways for adult and youth peers that recognize the critical personal experience they bring to complement traditional clinical approaches.

In addition to the \$500 million investment, it is **critical that the State fully fund the 5.4% human services COLA**. These dollars will be used to stabilize providers that are facing a range of increased costs. They can support staff salaries, but in addition will be used to purchase laptops and cell phones for staff, to upgrade EHRs and other systems to improve workflows, and to help employers handle the increase in health insurance costs.

Thank you for the opportunity to testify today. We must take bold action to stabilize the mental health workforce and increase access to care.