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ASSEMBLY STANDING
COMMITTEE ON MENTAL HEALTH**

SUBJECT: Mental Health Workforce

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**TESTIMONY BY:
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Thank you to the chairs and members of the committee for this opportunity to provide testimony about the mental health workforce on behalf of mental health and substance use disorder/addiction prevention, treatment, and recovery providers across New York.

The NYS Council for Community Behavioral Healthcare (NYS Council) is a statewide membership association representing approximately 105 behavioral health organizations that provide mental health and substance use disorder/addiction prevention, treatment, recovery and harm reduction programs and services for tens of thousands of New Yorkers each day. Our membership includes community-based agencies, hospitals, and counties providing a broad array of behavioral health services. Our primary mission is to ensure access to and continuity of care for children, youth, individuals, and families seeking services from the public mental hygiene system.

The most pressing issue affecting our ability to provide critical access to care to New Yorkers seeking our help is the critical staff shortages within the mental health and substance use treatment workforce. Although we faced these shortages long before COVID-19, the pandemic, along with the ongoing Opioid pandemic and increasing suicide rates, has exacerbated the shortages, and left remaining staff feeling traumatized and exhausted.

According to recent data, more than 100 million people in the US live in mental health professional shortage areas, with 30 million people living in counties where access to mental health and substance use treatment is completely unavailable. In New York alone, four million people live in mental health professional shortage areas.¹

Our testimony today highlights the workforce supply and demand issues that are partially responsible for these severe and ongoing shortages, and our recommendations for addressing the same.

WOEFULLY INADEQUATE SUPPLY OF POTENTIAL WORKERS

Behavioral health workforce shortages have long been an issue due to New York's chronic underfunding of the behavioral health safety net, to include historically low wages, and high case load demands that result in severe burnout and serious turnover rates in most areas of the state. Our staff are exhausted. They are deeply impacted by the trauma associated with client deaths due to the Opioid pandemic and increased suicide rates in some populations. They are emotionally spent and see no relief on the horizon.

¹ Kaiser Family Foundation. (2020, September). *Mental Health Care Health Professional Shortage Areas (HPSAs)*. Retrieved from: <http://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

There is simply not enough current supply of behavioral health workers. Prior to the pandemic, the NYS mental health and substance use disorder providers statewide reported a **35-40% turnover rate**. And, the National Council (our national association) has reported that 97% of their members are having serious difficulty recruiting qualified staff. Parallel to the national trends, 97% of organizations in New York State are reporting the same conditions.

But the issue goes beyond the current supply; there is not even enough projected supply to meet current and future demand. Nationwide projections show that by 2025 the mental health and substance use treatment workforce shortage will be astronomically worse; six vital mental health provider types (psychiatrists; clinical, counseling, and school psychologists; substance abuse and behavioral disorder counselors; mental health and substance abuse social workers; mental health counselors; school counselors) will have shortages of approximately 250,510 FTEs.²

In large part, this shortage in supply is due to the inadequate salaries for behavioral health clinical staff that is often 50-70% less than those paid in the private sector for the exact same responsibilities. Direct care and mid-level staff salaries are far from competitive as well with other areas of healthcare. Community behavioral health agencies were largely forsaken by the Cuomo Administration that repeatedly deferred the statutorily required Cost-of-Living Adjustment (COLA). The impact of this bad public policy is now bearing down on our sector. Our organizations are not able to remain competitive with other salaries and staff are being stolen by other healthcare entities such as managed care plans and health insurers.

The state's neglect of and failure to invest in the mental health and substance use disorder service delivery system has driven away our workforce due to unacceptably low wages and impossibly high caseloads and we now face an emergency that our sector is unable to address. In the future, state lawmakers should expect growing waiting lists beyond where they are at present, and an inability to find care for community members and loved ones who need services.

FACTORS CONTRIBUTING TO THE CURRENT WORKFORCE CRISIS

Factors contributing to the current crisis facing New York's mental health and substance use disorder providers include the following:

- Federal healthcare reforms, such as federal and state parity, are leading to growth in community behavioral health services and increases in individuals' eligibility for such services.

² Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2015). National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025. Rockville, Maryland

- There has been a 37.8% increase in New York of those individuals impacted by the opioid crisis.³
- NYS Justice Center (JC) policies and procedures have a chilling effect on our ability to recruit and retain staff. Due process rights afforded to individuals in criminal justice matters are not nearly as comprehensive in Justice Center cases. Accused employees are very often suspended from their jobs, often without pay, and investigations often extend far beyond the required 60-day statutory requirement. Statewide, over 80,000 cases were reported in 2018, in 2019 and in 2020. Despite this, only 4% have been substantiated at a category 1 level, whereas a substantial number of employees were disenfranchised and demoralized during the long investigation process. We do not expect them to re-enter our workforce.
- There has also been a rise in suicide rates among certain populations, including 47% by black males and 59% by black females.⁴
- And, of course, the COVID pandemic, which has led to increases in symptoms of anxiety and depression, increases in stress-related symptoms, increases in drug and alcohol use, and increases in thoughts of suicide.⁵

Research published in the journal *The Lancet* illustrates the global impact of the pandemic on mental health and showed an increase of 26% from 2019 to 2020 in the number of people reporting that they experienced anxiety. This compares to what the National Council found that 78% of their members are seeing increased demand for services compared to three months ago, and 62% have longer waitlists.⁶ And in New York, 1 in 5 individuals have reported that they were unable to access specialized mental health treatment due to increased waitlists.

These conditions leading to an ever-rising demand for services has brought New York's safety net system beyond crisis proportions and requires immediate action.

³ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

⁴ Rajeev Ramch and, PhD; Joshua A. Gordon, MD, PhD; Jane L. Pearson, PhD. Trends in Suicide Rates by Race and Ethnicity in the United States. *JAMA Network Open*. 2021

⁵ Centers for Disease Control and Prevention. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. Retrieved from: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

⁶ Ingoglia, Chuck. *At the State and Federal Level, We Have Many Options to Address Workforce Shortage*. October 28, 2021. Retrieved from: <https://www.thenationalcouncil.org/BH365/2021/10/28/at-the-state-and-federal-level-we-have-many-options-to-address-workforce-shortage/>

RECOMMENDATIONS TO ADDRESS SHORTAGES

As a state, we must retain our current workforce while continuing to recruit and retain the next generation of health care workers. We can do this by focusing on two key areas: an infusion of funds to support employees and employers; and the creation of pathways and incentives for professionals to enter these high-stress careers.

Infusion of Funds

Resuscitate the existing workforce to address increasing access to care and workforce shortages by making significant investments that address historic underfunding of the community-based behavioral health system of care. We are at a tipping point. If New York cares about the mental wellbeing of its' citizens now is the time to make critical investments.

- Authorize the 5.4% Consumer Price Index-U (CPI-U) Adjustment for Human Service Organizations in the statutory Cost-of-Living Adjustment (COLA).
- Support our Rate Reform proposal that seeks to address the fiscal crisis facing MH and SUD Outpatient Mental Health Clinics through a series of smart investments that include a trend factor for APG government rates.
- Ensure that Opioid Settlement funds are returned to the systems of care that are responsible for addressing the ongoing Opioid Pandemic.
- Support rate increases for licensed AND unlicensed behavioral health programs and services.
- Make enhanced FMAP workforce funding permanent
 - \$16.7 million for OMH workforce recruitment and retention
 - \$7.2 million for OASAS workforce recruitment and retention
 - \$6.9 million for Community Residences
 - \$5.1 million for the Children's Services workforces
 - \$4 million for implementation of evidence-based practices
 - \$4 million to recruit and retain culturally competent, culturally responsive, and diverse personnel
 - \$4 million to expand peer capacity
- Amend Justice Center policies that often deny workers under investigation their due process rights and that often take months to conclude, thereby alienating the worker and quite often his fellow employees.

Pathways and Incentives for Professionals

- Build the job pipeline and resuscitate the behavioral health workforce
 - Tuition reimbursement - full scholarships available to individuals at SUNY and CUNY schools who commit to working in the public mental health and substance use field for five years following graduation.

- Support Internships and Field Placement Stipends - loan re-payments to staff working in eligible programs. A partial loan payment should be provided at the end of each year of eligible service.
- Invest in diversity, equity, and inclusion
 - Currently, the behavioral health workforce is not representative of the diversity of New Yorkers we serve. While raising salaries and providing funding for education will help to diversify the workforce, additional targeted actions must be taken.
 - Targeted scholarships for BIPOC
 - BIPOC Leadership Development program
 - Conscious and unconscious bias training 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

CONCLUSION

In conclusion, without an adequately paid and well-trained workforce, we are unable to meet current demand, let alone the onslaught of increased demand because of COVID, the Opioid Pandemic and increased suicide rates in certain populations due to the trauma and grief associated with these societal problems.

We are concerned about the quality of care in our system overall when staff are stressed and need to work several jobs because one is not sufficient to pay the bills. Add trauma and burnout to this situation and you have a recipe for disaster. Our behavioral health staff deserve a decent salary in recognition of their sacrifices as essential employees.

Thank you for your time and the opportunity to comment. And thank you for your public service and your commitment to the behavioral health field. We look forward to working with you on these most important issues.