

Good afternoon,

Having just completed the first round of NYS Council Workgroups regarding 3 of the 4 high priority issues previously identified as our 2025 Budget and Legislative Priorities, we wanted to provide a brief summary of what happened during the workgroups that started last week (below).

Last week, approximately 100 representatives from 60 unique NYS Council agencies participated in 3 pivotal discussions focused on **Reimbursement Rates, Workforce, and Regulatory Reform,** and yesterday more than 30 NYS Council member agency reps participated on the Medicaid managed care reform workgroup. Notes from this workgroup will follow tomorrow.

**Brief Summaries:**

**Reimbursement Rates Workgroup**

We discussed the challenges associated with insufficient rates across OASAS and OMH Programs and Services, the current payment model (APG government rates in most cases, or commercial rates that are on average ½ of the APG rate), and the inability for the state to implement and move rate increases to providers in a timely manner.

The group agreed that our longer-term objective should be to explore various rate models including a PPS rate methodology for ALL services. A CCBHC PPS rate is used to reimburse CCBHC Demo agencies, and we should study this methodology but for the moment, we need to gather data to support our **immediate request/s**.

**REQUESTS:**

* Carve out BH services from Medicaid managed care and link the savings associated with carving out BH services from MMC (another NYS Council high priority budget request) to our rate reform request by requiring savings from the carve out to be reinvested in services.

Here we are making a request that would not require additional funds from the state. Requests for new money means seeking additional state resources to lift rates in a challenging fiscal environment. The latter also poses other limitations the current misperception that rates went up quite a bit during COVID with additional federal funds and that all is well across the service delivery systems. We know this is not the case.

**TOOLS / TACTICS:** We discussed two Rate Reform Projects (one that NYS Council and others completed in 2019 looking at Article 31 and Article 32-822 rates, and the other project that is starting shortly, focusing on children's outpatient rates, HCBS and CFTSS rates.  We can use the results from the 2019 Rate Reform project looking at Article 31 and 32-822 rates that include asks to lift rates to ensure culturally competent services and to incentivize quality outcomes.

Ultimately the group agreed that it would not be wise for us to try and make a list of all rates that need to be lifted and then try to prioritize individual rates that are in the most peril. We need adequate rates across the board.

**IMMEDIATE NEXT STEPS:**

* Conduct a brief survey to gather info re: current waiting lists for care and use this information for our argument that we need increased rates to help recruit, retain staff and thus, increase access to care.
* Continue advocacy to further expand the CCBHC Demo Program (take a poll to assess demand for entry into this Program)
* Study the disparity between commercial and APG government rates in 2023, to update our understanding of the extent of the problem.
* Update Rate Reform Study looking at Article 31/32-822 Outpatient Rates
* Participate on the Workgroup that will be studying children’s outpatient clinic rates as well as HCBS and CFTSS rates.

Our **Workforce Workgroup** meeting focused on **solutions** to the ongoing crisis in our field:

Key issues contributing to the crisis include increased workloads, reduced staffing levels, constantly changing regulations that increase demands on staff who are burnt out (and in some cases) traumatized, and increased acuity of the individuals we serve.

**DISCUSSION:**

The inability of our Programs and Services to offer culturally competent services is a huge problem. Note: The Human Services Council states that recent surveys show approximately 80% of the workforce is female, non-Caucasian and single with at least one child (is this primarily NYC?)

The group discussed the challenges of providing competitive benefits for a diverse workforce. We need to be clear about what these workers need while we continue to build value for clinical and other practitioners.

​The group acknowledged the ongoing lack of clarity in New York around the **Community Health Worke**r title. They expressed frustration that the state has not moved forward with this new title and use it to reinforce the behavioral health sector.

The group also explored the impact of workforce diversity on recruitment and retention. They discussed the challenges of providing competitive benefits for a diverse workforce.

**TACTICS/TOOLS:**

* Conduct a brief survey to gather data and to discuss potential solutions to staffing shortages to include career ladders that have meaning to the individuals we are in greatest need to hire and retain.
* Collect data to inform our requests which need to go beyond the current sector-wide request for a COLA.
* Potential media campaign
* Work with schools to develop career paths and interest in our field.
* Use our contacts to identify key leaders in community colleges and universities who can partner with us to advance our needs for a capable and compassionate workforce.

**ACTION STEPS:**

The group emphasized the need for effective strategies for workforce recruitment and retention, discussed the relative value of scholarships, loan forgiveness, pay increases, and career development pathways. Group also feels strongly that we address the growing problem related to Minimum Wage increases that are creating greater salary divides that require the agency to step in or risk losing more staff

1. Support training the next generation of therapists - Working as a therapist pays shockingly little when you first get out of school, particularly if you're Masters-prepared clinician (as opposed to having a PhD or PsyD). NYS should be investing in more financial assistance programs (e.g., loan-forgiveness options) to help grow the behavioral health workforce, rather than see it continue to dwindle due to a non-competitive salary waiting at the end of many years of graduate work.
2. Advocate for funding from the state's pending **1115 waiver to support the MH and SUD workforce.** Seeking workforce funds as part of other ongoing reforms in New York State.
3. Study who works for us and what they need to recognize this work as a **meaningful career path** to pursue. MARKETING.
4. We should focus **advocacy efforts on SED** and educate Department leaders and the Board of Regents regarding the realities of our workforce shortages – particularly those practitioners under the umbrella of the SED Office of the Professions.

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The **Regulatory Reform**workgroup meeting included discussion of regulatory and administrative reform and relief as well as modernization of regulations and guidance. Lauri gave an example of an overarching policy-related request we could consider in the form of proposed language that would give the state agency commissioners more flexibility to waive regulatory requirements during recognized public health workforce shortages.

**DISCUSSION:**

We discussed conflicts between local and state regulations, workforce issues, and unnecessary or counterproductive competition within the behavioral health sector. The group also discussed the possibility of calling for a commission to expeditiously address some issues raised by workgroup members, not limited to any single concern. This commission would aim to streamline regulations and provide relief where it's most needed. Administrative Simplification.

**TOOLS/TACTICS:**

Call for a Commission that will work in an expedited manner to identify and implement regulatory changes that will ease burdensome and often redundant regulatory requirements while it also makes concrete recommendations to SED regarding scope of practice barriers that are negatively impacting public health and access to care in the MH and SUD service delivery system.

If we don’t get a Commission from Governor that includes experts that operate and oversee MH and SUD Programs and Services as well an array of other stakeholders, we should create our own, do the work and make recommendations in an expedient fashion.

**ACTION STEPS:**

Draft language for a commission that will act swiftly to address the workforce crisis and mobilize resources to intervene, similar to what the state is currently doing to help itself (suspending requirements that potential employees pass the state civil service exam, etc.).

Develop strategies to ensure the state is considering the implications of policy decisions (such as the MAT-only service that has changed utilization patterns in OASAS clinics dramatically without a fallback for the provider.).

In closing, our workgroup meetings were all efficient (one hour or less), productive, and solution focused.  The more the groups were able to stay solution focused rather than sharing complaints, the more productive they were with their time. We are making progress.

These efforts would not be possible without the expertise and dedication of our members. For those who were not able to attend, we value your insights and encourage you to share your thoughts on these topics.

We will continue to keep you updated on our progress and upcoming meetings. Your input and participation are crucial as we navigate these complex decisions and operationalize our strategic plan for the coming budget season.