Testimony of Elizabeth McPartland, President & CEO, Child and Family Services of Erie County, to the Attorney General's public hearing on Mental Health Services

Child & Family Services supports youth and adults with mental health illnesses through a number of programs including home-based and outpatient counseling, special education for youth with emotional needs, intensive case management for children experiencing psychiatric challenges, and residential psychiatric treatment for children. We are uniquely positioned to reflect on the challenges organizations face when providing these services and roadblocks families are experiencing when attempting to access care for their children. During the last three years, we have seen an increase in the number of children needing help as well as increased severity of their symptoms. Greater demand for mental health supports, combined with an insufficient number of professionals able to provide this life-saving intervention, has resulted in a crisis in our community. The scarcity of providers is due to a number of factors, including low wages (tied to insufficient reimbursement rates) and burdensome regulations.

In Western New York, local agencies have significant waiting lists for children to receive mental health care support. We hear from families who have waited weeks and months to obtain treatment. Quite simply, we cannot find and hire licensed and unlicensed professionals fast enough to keep up with the increased demand. Agencies are competing for the same providers, who experience high caseloads and high productivity demands. Many clinicians leave this fast-paced work to open private practices with improved reimbursement rates and fewer documentation requirements, or clinicians move into different career paths altogether. In addition to disrupting patients' treatment, the exodus of licensed providers into private practice magnifies an existing equity issue. Most do not accept Medicaid, others do not take insurance at all. As a result, Medicaid programs have become the training grounds for new graduates who then leave for less demanding and more flexible work.

The lack of timely treatment results in escalation of symptoms and ultimately stress on the crisis response teams and emergency rooms of our local hospitals. These entities assist in stabilizing the youth, however the families are not able to access consistent care to meet their child's needs. Data supports what we are anecdotally seeing in our community. According to the Office of Mental Health

vital signs dashboard (VSD), in Western New York, 29% of children receive no follow-up care after mental health hospitalization.

Despite these challenges, I remain hopeful that New York State can care for our children. However, we need the attorney general's office to be an advocate for our families. I recommend we take a practical route and fix problems in our existing system. Specifically, I respectfully urge the attorney general to examine professional requirements for providing care to the Medicaid population. The regulatory oversight required for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists, is handcuffing Article 31 clinics and driving many of these professionals into private practice. Adults, children and families with Medicaid subsequently have access to a very limited number of providers compared to those with private insurance and those who can self-pay. Modifying key regulations related to supervision of these professionals as well as allowing utilization of graduate students and increased frequency of licensing exam offerings could expand the number of available professionals to provide treatment. Regulation outlines the definition of a supervisor for Licensed Mental Health Counselors and Licensed Marriage and Family Therapists but is silent with respect to the attestation process for reporting supervised clinical hours. For example, it does not consider scenarios where supervisors, especially those who provided clinical supervision many years ago, may be deceased or cannot be located to provide the required attestation for currently licensed practitioners. I urge you to amend the Regulation to clarify the attestation process and include flexibility for behavioral health provider agencies to attest to supervised hours obtained within their clinics for which there are records, especially in the absence of the individual supervisor. It is critical that providers and licensed professionals are clear on this process so that they may begin to collect and prepare all necessary paperwork.

Currently, many providers are utilizing Licensed Clinical Social Workers (LCSW) to provide supervision in their clinics. They also rely on Psychiatric Nurse Practitioners (PNPs) to supervise LMHCs. The Regulation only allows an LCSW to supervise five permits at one time, and it is silent with respect to PNPs' ability to supervise. With many professionals and students seeking supervised hours under the new pathway, there simply will not be enough supervisors to maintain and grow the workforce we need to provide services. Those seeking supervision will be left waiting months or even years for a

placement where they can obtain the necessary supervised experience. I urge your office to add PNPs to the list of supervising practitioners, and to increase the number of supervised permits per licensee to 8-12. I also encourage a more expeditious process to have a supervised permit assigned to and removed from a licensee. Without this flexibility and administrative efficiency, our already understaffed programs will struggle to find supervision and maintain a workforce robust enough to serve the children and families in need of services.

Next, I request the Office of the Attorney General examine existing home-based programming. Child and Family Treatment Support Services (CFTSS) are home-based supports for children needing mental health intervention. These services are meant to intervene before a mental health concern escalates and are used to support children who are discharged from inpatient or residential care. This service has incredible waiting lists – our organization alone has a waiting list of over 100 youth, which takes anywhere from one to twelve months to obtain care. The reimbursement rates are too low for us to recruit and retain staff to provide these services. I wholeheartedly support the utilization of family and peer advocates, yet the reimbursement rate for these services does not allow our organizations to pay an attractive wage for this work. Additionally, these services are not available to those with private insurance, leaving significant numbers of children ineligible.

I would be remiss if my comments did not point out a fragile population which is not receiving the attention and support it deserves. Children in the child welfare system, who are often the victims of abuse and neglect, far too often fall through the cracks of our systems, waiting significant periods of time for treatment, and at times not qualifying for various mental health services. This is sometimes due to rules and other times due to bias of professionals. Instead of receiving adequate treatment, youth are labeled as behavior problems and far too often land in the criminal justice system.

In Western New York, our organizations are resilient, and solution focused. However, our system is failing many youth, requiring that kids fit criteria in order to qualify for specific programs, delaying life-saving treatment, and at times blocking their access to care altogether. It is disjointed and requires

both additional funding and modified regulations to recruit additional people into this profession and allow flexibility in how we provide care for our youth.