

Principles for the 2020/2021 Legislative and Budgetary Session

The Campaign for Healthy Minds, Healthy Kids seeks to create the public and political will needed to ensure that all children and adolescents in New York receive the high-quality behavioral health services they need, including those they are legally entitled to under the state and federal Mental Hygiene and Parity laws. To do this, we must prioritize children's behavioral health across the state's investments and systems.

The current behavioral health system for children is underdeveloped and unable to respond to the mental health crisis facing New York's children and youth.

- Suicide is the second leading cause of death for New York children age 15-19, and the third leading cause of death for children age 5-14.ⁱ
- 54.5% of children ages 3 through 17 with a mental/behavioral condition in New York don't get the treatment they need, including 55% of young people with major depression.ⁱⁱ

It is no longer enough for the state to assert that managed care and health insurance coverage are sufficient to meet the access and continuity of care needs of the children's behavioral health system. New York State must ensure timely access to necessary clinical services; make available a range of evidence-based interventions that have proven effective; and hold accountable the health plans and insurance carriers charged with and paid to deliver behavioral health services to New York's children.

1. Place a moratorium on any cuts to children's behavioral health services.

In our under-resourced children's behavioral health system, sick kids become sick adults, and the human and financial costs are felt by families, healthcare systems, and communities more broadly. Conversely, when we invest in early prevention, intervention and treatment services for children and families, our state sees the long-term benefits in population health and cost savings across special education, juvenile justice programs, preventable foster care placements, homeless services, and the larger health care system.

Despite the devastating and well-documented consequences of unmet mental health needs, New York has historically underinvested in children's behavioral health. This has led to a poorly articulated system of care that is resource starved, understaffed, overly reliant on crisis management, and unable to fully meet either the basic mental health or the specialty care needs of New York's children and families. Promised expansion and full integration of services and eligible populations have not kept pace with public commitments or enacted legislation. These threats loom even larger in an environment where New York State faces a Medicaid shortfall foreshadowing Medicaid cuts and payment delays.

We call upon the state to honor its commitment to meeting children's behavioral health needs by putting a stop to cuts to children's services. This includes restoring cuts to Children and Family Treatment and Support Services (CFTSS) and excluding child-serving programs from Medicaid cuts, including any reductions proposed through the Medicaid Redesign Team II.

2. Establish mechanisms to identify, analyze, and address systemic barriers that prevent children and families from accessing timely and appropriate services.

New York cannot create a more effective behavioral health system without first understanding where and how children continue struggling to find services. New York can begin identifying these needs by:

- Developing a Children's Bill of Rights that codifies children's right to treatment and coverage guarantees and details the state's operating framework for a system of services and supports for children with behavioral health needs;

- Establishing and promoting more effective metrics to measure children's unmet behavioral health needs.
- Producing a semi-annual fiscal viability analysis of existing children's behavioral health services, including a comprehensive rate adequacy assessment.
- Producing a regular report on workforce shortages in children's behavioral health providers by county, including data on providers serving special populations.

3. Hold health plans accountable for meeting contractual obligations and enforce mental health parity laws on behalf of children and youth.

Despite federal and state mental health parity laws, families in New York continue to be denied equal access to behavioral health services, ranging from unnecessary pre-authorizations for treatment, to high out-of-pocket payments, to severe network inadequacy. New York must enforce compliance with federal and state mental health parity requirements, including by:

- Collecting – and making publicly accessible – comprehensive data on health plans' compliance with parity requirements for children's behavioral health services.
- Developing a more comprehensive measure of network adequacy for children's behavioral health – including accurate measures of appointment wait times, consumer satisfaction, distance standards, and rates of completed and follow-up appointments – and providing regular public reporting on these measures.
- Monitoring completion of corrective action plans and graduated penalties for health plans that do not comply with parity requirements.
- Ensuring more of the DFS and DOH staff currently dedicated to surveillance, monitoring, and enforcement of parity requirements focus on parity in children's behavioral health.
- Requiring health plans to increase activities designed to reach in to and connect with their beneficiaries in communities where at-risk children and families could benefit from early identification and preventive care.

4. Lay the foundation for a system of care that guarantees timely access to treatment and improves children's behavioral health outcomes

Guaranteeing access to quality behavioral health services for all children requires a long-term, multi-pronged commitment to coordinating systems of care, ensuring adequate investment, and continuously monitoring progress. In the short-term, New York can begin by:

- Investing in and bringing to scale evidence-based practices that have proven to lead to long-term health improvements and cost savings, including by expediting the rollout of evidence-based program models as part of children's Medicaid redesign.
- Identifying regulatory opportunities to improve and streamline access to care.
- Identifying how existing state and federal funding sources – including DSRIP funding – can be better targeted towards children's behavioral health services.
- Ensuring robust and adequate rates for children's behavioral health services – in commercial insurance, Medicaid, and CHP.

Source

i New York State Department of Health. "Leading Causes of Death, New York State, 2008-2016." https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state

ii Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved from www.childhealthdata.org. CAHMI: www.cahmi.org; Mental Health America. "Mental Health in America – Access to Care Data: Access to Care Rankings 2020." <https://www.mhanational.org/issues/mental-health-america-access-care-data>

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