Dear Governor Cuomo:

Under your leadership, New York committed seven years to redesigning its Medicaid system, with a goal of increasing children’s access to behavioral health services by building efficiencies and decreasing the use of less effective, more costly systems. A core component of this redesign was the introduction of the six Children and Family Treatment and Support Services (CFTSS), designed to keep children safe and well at home and avoid expensive emergency room, hospital, and out-of-home placements. These services promise real hope for children and families by addressing mental health and substance use problems early with effective evidence-based interventions.

As part of Medicaid redesign, the State promised to reduce wait times and make significantly more children eligible for behavioral health services. Instead, due to a planned cut to CFTSS rates at the end of 2019, children and families are at risk of losing access to critical services. We strongly oppose cuts to CFTSS rates that will begin on January 1, 2020 and urge a moratorium on any cuts to children’s behavioral health services. Any rate below this will undercut the ability of the program to continue and will deny children and families the services they need. We urge you to fulfill the State’s promise and expand access to children’s behavioral health care.

This is a crucial time to increase access to services, not cut them. As reported by the 2019 New York State Suicide Prevention Task Force Report, suicide rates for children and youth are rising in our state. Suicide is the second leading cause of death for adolescents in New York, and approximately half of New York children with a mental health condition who needed treatment or counseling did not receive it in the past year. The proposed cuts to CFTSS further threaten access to the very type of services that can help address trauma and other challenges before they develop into more serious problems.

As part of the rollout of CFTSS, the State estimated that 200,000 children (10 percent of all children on Medicaid) are eligible for CFTSS. Only 7,800 children are currently receiving CFTSS, less than five percent of eligible children.

This under-enrollment is a result of several state decisions and inadequate investments in the managed care transition. Children’s providers did not receive State start-up funding to prepare their organizations for the transition to managed care, including funds that would allow organizations to onboard and train staff to bill and pay for the services. The State’s decision to offer a 25 percent higher rate at start-up was an important step towards achieving a successful rollout. However, many providers did not receive the initial higher rate because the transition was not far enough along for providers to bill during this period. Due to a combination of challenges with the rollout, 25 CFTSS providers across New York have stopped providing at least one CFTSS. If the higher CFTSS rate is not continued, more providers will follow suit. We cannot afford to lose providers when the State is already struggling to meet existing needs – this loss will hurt families and produce costly outcomes in the near- and long-term.
To stabilize the program and fulfill the State’s promise to treat more children and families, the State must maintain this year’s higher rate for CFTSS. This rate captures the true cost of delivering CFTSS and allows providers the ability to outreach and engage the remaining 95 percent children and their families who are not currently in care.

We know that when children receive the behavioral health care they need, they grow into healthy adults. The Milbank Memorial Fund reported that nationally, 65 to 70 percent of children in the juvenile justice system have a diagnosable mental illness, and only 57 percent of students with emotional disturbance graduate from high school. Timely access to behavioral healthcare keeps children out of other costly systems such as the juvenile justice system, foster care, and the emergency room, and helps them stay and succeed in school and in the community.

We share the State's goal that Medicaid redesign will lead to more children and adolescents accessing care. Instead, new services are at risk and more families will face the threat of long wait times and unmet need. **We urge a moratorium on any cuts to children’s behavioral health services and ask that you permanently maintain this year’s higher CFTSS rates to ensure children and families can receive the high-quality behavioral health services they need.**

Sincerely,

1. The Alcoholism and Substance Abuse Providers of New York State (ASAP)
2. The Alliance for Positive Change
3. The Association to Benefit Children
4. Astor Services for Children & Families, Inc.
5. Brooklyn Centers for Families in Crisis
6. Center for Community Alternatives
7. Center for New York City Affairs
8. The Child Center of NY
9. The Children’s Agenda
10. Citizens’ Committee for Children of New York
11. The Coalition for Behavioral Health
12. The Coalition of Medication-Assisted Treatment Providers and Advocates of New York State (COMPA)
13. Commonpoint Queens
14. Community Healthcare Network
15. Council of Family and Child Caring Agencies (COFCCA)
16. Families Together in New York State
17. Family Residences and Essential Enterprises (FREE)
18. Family Services of Westchester
19. Greenwich House
20. Human Services Council
21. Institute for Community Living, Inc. (ICL)
22. Jewish Board of Family & Children’s Services
23. Jewish Child Care Association (JCCA)
24. The League Education and Treatment Center
25. Legal Action Center
26. Lexington Center for Mental Health Services, Inc.
27. Lower Eastside Service Center, Inc. (LESC)
28. Mental Health Association in New York State, Inc. (MHANYS)
29. The New York Foundling
30. New York State Coalition for Children’s Behavioral Health
31. NY Health Home Coalition
32. NYS American Academy of Pediatrics, Chapters 1, 2 & 3
33. Outreach
34. Pesach Tikvah
35. Primary Care Development Corporation (PCDC)
36. Puerto Rican Family Institute, Inc.
37. Rising Ground
38. Samaritan Daytop Village, Inc.
39. Schuyler Center for Analysis & Advocacy
40. SCO Family of Services
41. Sheltering Arms Children and Family Services
42. Vibrant Emotional Health
43. VIP Community Services
44. WellLife Network
45. Westchester Jewish Community Services (WJCS)

CC:
Howard Zucker, Commissioner, New York State Department of Health
Ann Marie T. Sullivan, Commissioner, New York State Office of Mental Health
Arlene González-Sánchez, Commissioner, New York State Office of Addiction Services and Supports
Sheila J. Poole, Commissioner, New York State Office of Children and Family Services
Robert Mujica, State Budget Director, New York State Division of the Budget
Donna Frescatore, New York State Medicaid Director, New York State Department of Health