



**Testimony of Cindy Lee, CEO, OLV Human Services, to the Attorney General's  
public hearing on Mental Health Services**

*January 18, 2023, Buffalo, New York*

Thank you Madam Attorney General for the opportunity to share with you and your team our experience providing mental health services in the current climate and our recommendations for how New York State can help improve access to, and quality of, mental health services.

My name is Cindy Lee and I am the CEO of OLV Human Services. As background, OLV Human Services is the legacy of Father Nelson Baker who, in the late Nineteenth Century created a place for the care of orphans, pregnant and mothering girls without families, and children rejected by their families for incorrigible behavior, among others. Over the decades and after his passing in 1936, Father Baker's organization expanded to include schools, group homes, and clinics. Today OLV Human Services provides mental health services in a wide range of contexts: residential treatment for children and adolescents, early assessment and intervention for young children displaying behavioral problems or possible autism, special education schools for children from kindergarten through twelfth grades with behavioral and mental health challenges, an outpatient mental health clinic, and group homes for developmentally disabled adults. I am proud to say that OLV Human Services operates the only residential treatment program in New York State for children with a dual diagnosis of a physical or learning disability such as autism and a mental health diagnosis.

In short, many of the 800 employees of OLV Human Services are on the front lines of the mental health crisis facing our communities as a whole, and I am confident that I can speak for many as to the crying need for enhanced mental health services and the New York State policy and budgetary solutions to address the problem.

While I am sure you have heard this many times over, one of the root causes of our communities' collective shortfall in the provision of adequate mental health services is staffing – and the root of staffing is funding. Our programs rely almost entirely on funding by federal, state and county government sources – with the largest portion from the State. Thanks to the generosity of New York State, programs to help our patients and students and other service recipients exist. But unfortunately funding has not kept pace with both (1) the rising need for mental health services and (2) macroeconomic challenges affecting wage levels and the job market. The greatest challenge on a day-to-day basis is to staff our programs with sufficient individuals to provide the required care. When we cannot staff programs adequately, we are unable to provide for all the individuals who might benefit from those programs.

The population we serve are, frankly, difficult and challenging. And the people who serve such difficult and challenging individuals must be highly trained and – more importantly, very special and understanding individuals. Such individuals don't grow on trees: they are a very limited and finite set of people. But when wages that can be offered – which depend on the rates set by the State – are not competitive with easier jobs in retail, fast-food and other less challenging spheres, it becomes very difficult to staff. And the costs on us and other similar providers escalate. Perhaps to the point where it no longer is economically viable to offer such services.

A case in point: in recent months our residential treatment facility for children and adolescents has suffered significant physical damage from children in crisis. When a child in our facility undergoes a mental health crisis – which involves acting out emotionally and often very physically – if there are insufficient therapeutic crisis – trained staff present, it can be very difficult to provide sufficient and timely therapeutic and calming measures. The inability to do so presents greater risk to the individual child, but also often results in thousands of dollars in physical damage to our facilities. To put it bluntly, insufficient State funding leads to insufficient wages to attract and retain skilled and caring staff, which can lead to increased costs in running the program that are not

reimbursed by the State. And most importantly, many mental health patients would benefit from increased staff presence.

Another area where policymakers might be able to help enhance the provision of mental health services involves insurance plans. We are able to provide many mental health services to children with mental health or behavioral health needs if they have Medicaid or are enrolled with a Medicaid managed care plan. For many children ineligible for Medicaid, but with private insurance, however, the same level of services are not available. That is because first, not all private health insurance plans include children's mental health services. And second, the services provided only to Medicaid-eligible children – such as CFTSS (Children and Family Treatment Support Services) or HCBS (Home and Community-Based Services) – have enhanced features not available to others. Such features include things like crisis intervention personnel who come to the home, and vocational support services. These features enhance the basic mental health services, but non-Medicaid families cannot obtain those services – even if they offer to pay out of pocket – because Medicaid eligibility is a prerequisite for CFTSS and HCBS. It is heartbreaking to have to turn down a referral for a family who has a child in need of CFTSS for example, because they are not on Medicaid. I would respectfully urge policy makers to work towards finding a way to making children's behavioral services such as CFTSS, HCBS and Health Home care coordination available to any child in need of those services, and not just for children with Medicaid benefits – through a combination of regulatory changes to include all children who might qualify for the services, and working with the private insurance plans to reimburse for those services.

Lastly, in closing, I would be remiss in not sharing an example of the kind of success that can come about as a result of cooperation between the State, local authorities, our expert and caring staff, and the families of the children we serve. A 7-year-old girl – whom I will call Jaycee – was referred to our school, Baker Academy in the spring of 2021 and entered our first grade. She had had no formal education since before Covid a year earlier, and between that and a mild learning disability, a bad experience in her kindergarten, and multiple moves, she was way behind in her learning. Worse, she

was fearful and untrusting of adults and her peers, very closed and defensive. Over her sixteen months at Baker Academy, she received the stability, structure, support and relationship building she had not had previously. To say Jaycee has made great strides is an understatement. She has come out of her shell and is now a fully engaged, positive, happy little girl, thoroughly engaged in her schooling, and catching up in her academics. She trusts her teachers and is thriving with her peers. She is now in our third grade.

Jaycee, happy girl as she now is, exemplifies the life-changing success in the life of a child that we can achieve as a society when we collectively work towards providing the time, resources and caring for those in our community facing mental health challenges. Thank you.