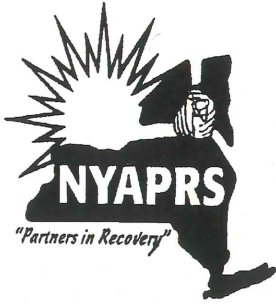


6



Testimony before the NYS Legislative Mental Hygiene Fiscal Committee

Mental Hygiene Budget Hearing February 3, 2016

Presented by
Harvey Rosenthal, Executive Director

New York Association of Psychiatric Rehabilitation Services

On Behalf of NYAPRS Members and
The NYAPRS Public Policy Committee
Co-Chairs: Carla Rabinowitz, Ray Schwartz

NYAPRS Board of Directors
Co-Presidents: Alison Carroll, Carla Rabinowitz

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community integration

www.nyaprs.org

Good morning. Thank you to the chairs and members of the committees for this opportunity to submit to you the concerns of the thousands of New Yorkers represented by the New York Association of Psychiatric Rehabilitation Services. NYAPRS is a unique statewide partnership of New Yorkers with psychiatric disabilities and the community mental health professionals who support them in over 100 community-based mental health agencies located in every corner of the state. Over the past 34 years, we have worked together to advance their recovery, rehabilitation, rights and full community inclusion.

State mental health policy is a very personal matter for our NYAPRS community. Our members and many of our board members, our staff, and I all share a common journey of recovery which brings a unique passion and perspective to the concerns we bring to you today.

This year, during this budget session, we urge our policy makers to take head on the full scale mental health crisis we face here in New York. Far too New Yorkers with very serious behavioral health conditions live on the streets or are unable to find, afford or maintain stable housing. Far too many of us have no homes at all or call a jail or prison cell their home. And far too many of us feel we have had no choice but to give up the struggle and tragically end our own lives.

The Governor, his Administration and state agencies and the Legislature can and must take bold action this year to address the mental health crisis that our partners, our friends, our families, our neighbors and our communities face every day.

We can and must fashion a state budget this session that squarely takes up this challenge. The Governor's budget includes an historic commitment to create 20,000 new supportive housing units. But, while it makes huge investments to develop Penn Station and the Javits Center and to add third rails to the Long Island Railroad and to our local airports, it fails to make the necessary investments to our existing housing, recovery and rehabilitative services and to our workforce.

Far too many of us remain stuck in seemingly endless cycles of relapse and emergency room or hospital readmissions, at extraordinary cost our taxpayers. But the budget commits billions of dollars to shore up our hospital systems, even though those of us on the Medicaid Redesign team had committed our state to do all that is possible to substantially reduce the avoidable use of hospital emergency room and inpatient beds.

We don't come today to ask for billions, but we are asking for several hundred million dollars to shore up, expand or enhance our housing and community services that represent the surest way to help keep people out of those emergency rooms and hospitals.

Accordingly, NYAPRS would like to offer the following comments and recommendations:

KEEPING THE PROMISE OF COMMUNITY MENTAL HEALTH!

As I mentioned earlier, while the current budget proposal finds billions for local infrastructure and for hospital and hospital led initiatives, it fails to make **critically needed investments in our community mental health service infrastructure.**

Since the outset of our historic Medicaid Redesign initiative, the Department of Health has been very clear that a significant percentage of those who use the greatest amounts of Medicaid dollars and who represent the highest number of those who return again and again to our hospital and detox facilities, some as many as 100 times a year, are New Yorkers with serious behavioral health conditions.

It's crystal clear that community behavioral health services that help prevent those relapses and readmissions are essential to the success of the Governor's historic health reform initiatives that I have had the great opportunity to support as a member of the Medicaid Redesign Team, Behavioral Health Workforce and Value Based Payment steering committee.

But the Health Department is not taking strong enough action to see that that a very meaningful percentage of the \$7+ billion DSRIP Medicaid reform funds that are going almost entirely to hospitals are rerouted to ensure that community behavioral health services get their fair share and play this essential role.

And while the OMH budget should be seeing equally substantive increases, this year's proposal keeps most mental health budgeted services at existing flat levels of funding, amounting to cuts in an environment of ever rising costs.

Worse, it sends entirely the wrong message by taking out \$64 million in OMH funding, through strategies that replace a \$20 million fund to help providers make the daunting transition to managed care with one time only Balancing Incentive Program dollars and replace \$44 million of supported housing funding with capital bonds.

In the midst of a mental health crisis, the state should keep every one of those state dollars on the street and, if it can find replacement dollars, must commit these as well.

Moreover, OMH's Community Reinvestment fund has created hundreds of million in new local community mental health services across every county in the state since 1994. This fund is built on savings from state hospital system downsizing calculated each year from the value of each closed bed.

While this year's bed is valued at \$110,000 annually, the budget proposes to only fund 100 of these beds at half value at \$55,000 a bed. This is an unacceptable precedent we cannot allow, both this year and going forward. We urge the legislature and the Executive to **return \$5.5 million in Reinvestment funds** to ensure localities get all of the Reinvestment dollars that they have been promised in the past.

This year, NYAPRS is joining with MHANYS to we call on the Executive and our state legislators to retain this \$70 million fund within OMH's budget and to use it as a down payment for a \$90 million to better address staff and infrastructure needs and to maintain quality services that keep people in the community and out of hospitals, correctional settings or homelessness. Please see our attached flyer. We would be pleased to offer suggested budget language to support our request.

If there was ever a time for our state to honor its promises to people with behavioral health conditions and the providers and localities that support them, it is now!

INCREASE INVESTMENTS IN NONPROFITS

We join a broad array of other advocacy groups in calling for the state to make substantial investments that help non-profit agencies to pay their workers at long overdue increases in the **minimum wage**, to increase pay for those above the minimum wage and to keep up with across the board increases in operating costs.

These investments must transcend a **COLA** that has historically been directed at a portion of the workforce and that has ignored infrastructure needs. This year .2% COLA is calculated to raise a worker's salary who makes \$50,000 annually by about \$1.50 a week after taxes.

HOUSING

Stable, decent housing with individualized supports is fundamental to promote the health, safety, dignity and a meaningful life in the community for New Yorkers with psychiatric disabilities, and to help prevent avoidable, costly and potentially frequent readmissions to inpatient and other institutional settings. There is no health, no recovery and no community integration without decent stable housing.

While New York has created more mental health related housing units than any other state in the nation, increases in funding have not kept pace with inflation over the past 25 years, leaving our housing programs with a cumulative deficit of \$99 million based on figures of what investments should have been had we kept up with steadily rising costs since 1990.

As a result, housing agencies can no long keep pace with financial demands and human needs and to attract and retain a quality workforce who might otherwise get a much better paying job receiving a higher minimum wage at the local fast food chain.

RAISE THE BASE

Later this month, over 600 NYAPRS members will come to Albany to, among other issues to urge state government to take the same decisive action we requested last year, to make the proper investment to shore up and meet ever increasing demands for existing housing. This year, this will amount to \$86.2 million to cover investments in the full array of housing programs, including community residence-single room occupancy programs, supported housing and community residences and permanent housing with supports.

HOUSING FOR THE HOMELESS

As I mentioned earlier, we are overjoyed by the unprecedented commitments that the Governor makes to expand supportive housing for vulnerable groups, commitments unmatched by a long line of previous Governors. Previous commitments were guaranteed via an agreement between New York State and New York City, the NY/NY initiatives, that also ensured that a substantive percentage of the beds were afforded to individuals with the most serious behavioral health conditions. We come today to urge the signing of another such agreement.

CRIMINAL JUSTICE REFORMS

Tragically, young people and adults with behavioral health conditions are dramatically overrepresented in the criminal justice system. This is a systemic problem that begins in the community, where New Yorkers with such disabilities are especially vulnerable to homelessness, poverty, trauma and despair. Compounded by the symptoms of their mental illnesses and addictions, they all too often come to the attention of the criminal justice system, a great deal of the time for minor or misdemeanor related infractions.

This year, we come to you to advocate for a three-point plan to divert our community members from needless incarceration, and to create better treatment and appropriate release options for those who have been incarcerated.

CRISIS INTERVENTION TEAMS

The pathway to a life in the criminal justice system begins with encounters with the police.

Too often, police officers have been called on to intervene in circumstances and with people in mental distress for which they have not been adequately prepared. That's why we have been backing the use of **Crisis Intervention Teams** across New York. CIT is a highly acclaimed model that matches police training with improved local systems collaboration that has been replicated in 2,700 cities across the United States, including Philadelphia, Houston, San Diego, Los Angeles and Chicago.

Over the past 2 years, the legislature has committed almost \$2 million to bring the CIT model to a number of jurisdictions across the state. We are extremely grateful to our mental health committee chairs Senator Ortt and Assemblywoman Gunther for their \$1.5 million investment last year and urge you both to bring critically needed CIT initiatives to a new set of jurisdictions this year.

And the Administration must stop putting the burden for expanding CIT programs on the legislature and propose and annualize ongoing funding for this nationally acclaimed approach.

RAISE THE AGE

Once again, NYAPRS applauds the Executive proposal to '**Raise the Age**' of youthful offender status to 18. Children must not be treated like adults by our criminal justice systems and we urge the legislature to take action this year and to end the shameful policy of being one of only 2 states to

PRESUMPTIVE MEDICAID ELIGIBILITY

We must establish a policy that does everything possible to allow for appropriate discharge and community transition plans from prisons and jails to begin before the point of release. Without such planning and pre-emptive Medicaid enrollments, far too many New Yorkers with serious behavioral health conditions relapse or re-offend, costing them their freedom and taxpayers untold millions in avoidable criminal justice, hospital and homeless housing costs.

Last year, we urged the state to reprogram dollars to extend presumptive Medicaid eligibility to such groups prior to discharge, a policy that was opposed by the Executive. We are told work is underway within the Administration and county governments to establish a policy that extends Medicaid coverage to these groups in advance of discharge but have no details.

We urge state legislators to work with the Administration to ensure these policies are adopted and to follow up on last year's \$6 million investments to establish Medicaid eligibility and connectivity to the appropriate community services and supports.

RIGHTS AND CHOICE PROTECTIONS

OPPOSE EXPANSION AND PERMANENCE FOR KENDRA'S LAW

The evidence has long been clear: better discharge planning, access to community services and housing and higher levels of provider accountability provide dramatic increases in the quality of life for people serious mental health conditions, some of whom experience times when they are at risk for coming to, in extremely rare instances, causing harm.

85% of these groups become and stay well engaged through the voluntary use of evidence based Housing First models that offer them housing with supports, even in advance of establishing medication regimes and sobriety. And peer run programs like those operated by NYAPRS have high rates of success in engaging and promoting stability and improved health and a 48% drop in avoidable relapses and readmissions among groups who have historically been deemed 'hard to serve.'

Despite findings like these, New York approved the use of involuntary outpatient treatment orders in 1999 under Kendra's Law.

NYAPRS and a broad array of state and national groups have continued to maintain that the challenge of engaging and serving such individuals should not be assigned to these groups and result in hauling them into court and mandating them to the same outpatient programs that have failed them in the past.

We brought these concerns to state legislators who, in reviewing the law during its first sunset period in 2005, required that a study be undertaken to compare "the outcomes for people with mental illness who receive enhanced outpatient services and for those people who are mandated into outpatient treatment."

Nonetheless, that 2009 study was unable to do so, conceding that “available data allow only a limited assessment of whether voluntary agreements are effective alternatives to initiating or continuing AOT (forced treatment orders,” even though there were almost as many voluntary agreements as court orders in that year. It also concluded that “it is difficult to assess whether the court order was a key ingredient in promoting engagement or whether comparable gains in engagement would have occurred over time with voluntary treatment alone.”

That did not stop AOT proponents from continuing to tie any improvement to the use of court mandates, even though we now have about 14,000 voluntary agreements and 12,000 court orders to compare.

We applaud the legislature for its understandable unwillingness to make Kendra’s Law permanent and urge legislators to require that a new study be conducted for its review that provides a fully scientific ‘apples to apples’ comparison between the 2 approaches.

In the meantime, we urge legislators to resist expanding the program and making the law permanent by withholding support for S.4722/A.1275

RESTORE PRESCRIBER PREVAILS

We are confronted once again with a proposal to eliminate consumer choice protections that uphold the expertise and authority of prescribers to choose the best medications for their patients, irrespective of economic pressures from health plans and the state. While this year’s proposal contains an exemption for anti-psychotic and anti-depressant drugs, many individuals require other medications to manage these conditions, e.g. anticonvulsant drugs to manage bipolar conditions. And, our community should have unfettered access to the appropriate medications for other conditions. We thank state legislators for their steadfast unwillingness to approve this policy and urge that you do that once again this year.

EXPAND MEDICAID MANAGED CARE OMBUDS PROGRAM

As New York is in the process of moving all Medicaid beneficiaries into various forms of managed care, it is essential that they have access to the assistance of the ombuds program to help field and/or help represent their complaints about diminished care or access to services. Since the budget only funds ombuds programs for those receiving MLTC services, we urge the Executive and the Legislature to expand the program for all managed care beneficiaries, in keeping with the recommendations of one of the state’s Value Based Payment work groups.

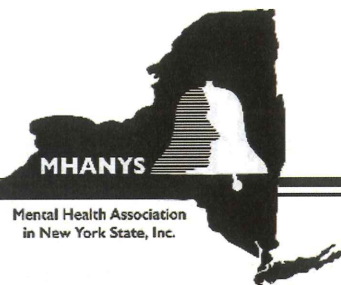
SPEED COMMUNITY TRANSITIONS FOR ADULT HOME RESIDENTS

In 2013, over 4,000 NYC adult home residents with psychiatric disabilities won the legal right to be offered community housing and supports as part of a state settlement with legal rights groups and the US Department of Justice. Last year, legislators approved a \$30 million investment to support the transition of downstate residents into the community. Yet, only about 200 residents have been supported to make those transitions last year. While some remedial efforts are about to be implemented, the

Administration must dramatically increase the pace of this process, to provide thousands more to enjoy their legal rights to live in their home communities.

CONCLUSION

Throughout the past 3 decades, NYAPRS has enjoyed a close and collaborative relationship with our friends in the state legislature, who have a long tradition of initiating or approving groundbreaking new initiatives and landmark legislation on behalf of our community. We look forward to another productive year together. Thank you for this opportunity to share our community's concerns, hopes and recommendations.



NYAPRS and MHANYS

Keep the Promise of Community Mental Health

At a time when our mental health service system is confronting unprecedented changes and challenges, our mental health community is expressing mounting concerns about the lack of services and funding to meet the growing need.

The carve in of the Medicaid mental health benefit into managed care necessitates that mental health providers develop a new level of sophistication in order to provide better care, participate equitably in value based payment agreements, deliver on the promise of reducing unnecessary and costly hospitalizations, and to bring their information systems into the 21st Century to improve their quality controls and reporting. As has been recognized for hospitals and other sectors of the health service system, this will require greater financial investment by the State in the mental health service system.

While there are significant investments in this year's budget for Penn Station Development, Javits Center Development, Third Rails on the LIRR, funding for upstate airports and to stabilize hospital systems, there are no commensurate long term investments in community mental health services. Even as new DSRIP and Medicaid managed care initiatives roll out, there is growing sentiment that much of the necessary funding will not be provided directly to our mental health agencies and instead will largely be filtered through much larger entities and in an uncertain timeframe.

Now is the time we need to invest more funding into New York's community mental health system. That is why this year, we are calling for a \$90 million investment in community mental health. Provider agencies should be given the flexibility to use these funds to better address staff compensation, infrastructure cuts and most importantly provide funding for quality services that keep people in the community and out of hospitals, correctional settings or homelessness.

We know there is a mental health crisis in this country. We also know it is not driven by violent incidents that sell papers, but by the everyday existence of New Yorkers

Harvey Rosenthal, Executive Director
New York Association of Psychiatric Rehabilitation Services, Inc.
194 Washington Avenue, Suite 400, Albany, NY 12210
518-436-0008 • harveyr@nyaprs.org • www.nyaprs.org

Glenn Liebman, CEO
Mental Health Association in New York State, Inc.
194 Washington Avenue, Suite 415, Albany, NY 12210
518-434-0439 • glielman@mhanys.org • www.mhanys.org



with serious mental health conditions who are homeless, who are incarcerated, who live with aging family members who can no longer support them, who are wrongly institutionalized in nursing homes and adult homes and by our one in five children and adults who struggle in silence because they fear the stigma more than the hope of getting help.

Minimum Wage

In order to retain and attract a quality workforce, we support efforts to raise the minimum wage. But given that mental health agencies and other human service sectors rely on State and Federal funding, through Medicaid rates and grant programs to meet any additional labor costs driven by an increase in the minimum wage, a distinct and adequate funding pool must accompany any minimum wage increase agreement in this year's Budget. The Executive Budget as submitted did not identify how these labor costs would be paid for. We will work with the Governor's Office, the Legislature and our colleagues to ensure that an appropriate increase in labor costs does not financially harm the providers.

This investment is necessary. The time is now.

How will the \$90 Million be funded?

Together, our organizations have identified \$70 million in gross program funding that have unjustly been taken as savings in Reinvestment, the BHO HARP Investment Program and supportive housing instead of being kept in the service system. We will provide more details at tomorrow's mental hygiene budget hearing. These monies should instead make up the initial installment in our \$90 million investment request.

We Need Your Help to Get this Done

How can you help us? First, thing you can do is have your agency sign on for this campaign. Last year one of the keys to MHANYS' success in getting the mental health tax check off bill passed and signed was that they drew over one hundred agencies to sign on in support. Together, we know that we will be able to build on that number.

Throughout this process, we will develop advocacy opportunities and social media. Please come to the NYAPRS Legislative Day on February 23 and the MHANYS Legislative Day on March 9th and voice your support. You can register at www.mhanys.org and www.nyaprs.org.

Strong grassroots advocacy have brought about countless mental health advocacy victory in the past, and we will need your support more than ever to win this \$90 million investment in our community mental health service system.