



NAMI
National Alliance on Mental Illness

New York State

February 3rd, 2020

New York State Joint Legislative Budget Hearing on Mental Health and Developmental Disability Services and Supports

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**Testimony delivered by:
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Good Afternoon. Thank you Assemblywoman Weinstein and Senator Krueger for holding today's hearing and the opportunity to provide our insights on Governor Cuomo's fiscal year 2020/21 budget proposal. My name is Wendy Burch and I am the Executive Director of the National Alliance on Mental Illness-New York State (NAMI-NYS). In our testimony this afternoon, we will provide you with our recommendations on how to bridge gaps in the delivery of psychiatric recovery services in order to create a more mentally healthy New York State, one which offers all people across the spectrum of psychiatric disorders the best chance to achieve recovery and live the best life possible.

NAMI-NYS is the state chapter of NAMI, the nation's largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness. For many years we have come before the legislature to testify on how too many New Yorkers are unable to access appropriate mental health services, and unfortunately the struggle for access continues. We understand that this year presents a challenging budget cycle as the state is faced with a budget deficit and expanding Medicaid costs. With this sobering reality in mind, we must begin by expressing our gratitude for several positive investments and elements of the Governor's budget proposal, but we must still explain why more must be done to address the lack of services meant to advance recovery.

NAMI-NYS is deeply concerned about how the Governor's proposed 1% cut to Medicaid spending will impact programs delivered through the New York State Department of Health. This cut can have a drastic impact on health homes and managed care services that have benefitted many people living with a mental illness. This can also reduce the utilization of Assertive Community Treatment (ACT) Teams. The availability of ACT Teams is an integral part of successful community treatment and crisis response services. We also want to state how we feel it is imperative that prescriber prevails language remains in Medicaid.

The looming Medicaid uncertainty darkens an already problematic reality faced by individuals living with mental illness and their families. Despite the many strides the state has made and the fine work being done by the New York State Office of Mental Health, studies continually conclude that on average it takes ten years from the time someone first notices psychiatric symptoms to when the person begins receiving treatment for these ailments. For many years, the stigma that has long surrounded mental illness was blamed as the main culprit for this

unacceptable situation. However, while we have made extraordinary advances in reversing the misconceptions of mental illness, people are still suffering for far too long, as accessing appropriate services and medications remains daunting, and once these recovery tools are located all too often health plans place another barrier to the road to recovery.

This is why the state must ensure the ability of all New Yorkers to access person centered treatment designed to advance their recovery as well as ensuring these life saving measures are covered by healthcare plans. We still find too many news features depicting the negative outcomes resulting from a lack of mental health services. We know many people living with mental illness, if provided with appropriate services in a timely manner, can live healthy and productive lives. For others, supports are needed to prevent them from being one of those featured on the news because they are living on the streets, have been arrested or have taken their own lives.

So while NAMI-NYS understands that New York State is facing a difficult budget cycle, we still urge you to act proactively in investing in the full spectrum of necessary psychiatric services. Doing so will save money by preventing costly outcomes such as reliance on emergency rooms, homelessness, long-term hospitalizations and criminal justice expenses. Proactively funding the mental health system is a sound investment and will pay immediate dividends by saving the state from having to spend reactively on the costly alternatives mentioned above. More importantly, it will improve and save lives and ease the burden for the one in four New York families who sacrifice a great deal to give their loved ones the best life possible.

As stated above, it all starts with access to care and services. Last spring we gave testimony before a Senate hearing on suicide and we referenced an op-ed piece in the April 26th edition of the New York Times, where Dr. Amy Barnhorst, the vice chairwoman of community psychiatry at the University of California, Davis, wrote very insightfully on the mistakes being made in preventing suicide that speak to the overall epidemic of a lack of psychiatric services. In the article she states:

“Mental health providers perpetuate the narrative that suicide is preventable, if patients and family members just follow the right steps. Suicide prevention campaigns encourage people to overcome stigma, tell someone or call a hotline. The implication is that the help is there, just

waiting to be sought out. But it is not that easy. Good outpatient psychiatric care is hard to find, hard to get into and hard to pay for. Inpatient care is reserved for the most extreme cases, and even for them, there are not enough beds. Initiatives like crisis hotlines and anti-stigma campaigns focus on opening more portals into mental health services, but this is like cutting doorways into an empty building.”¹

Dr. Barnhorst’s comments reflect what NAMI-NYS has long argued in our advocacy and budget testimony; there are simply not enough psychiatric services available. New York has long invested in community-based mental health services by slashing inpatient services. This practice not only fails to meet the needs of people located on all points of the very broad spectrum of psychiatric disorders, it has also left us with both in-patient and out-patient services that are woefully underfunded.

Access to care begins by having human services agencies who have the ability to hire knowledgeable and caring staff as well as retain their staff in order to provide continuity of care which is critical to recovery. This is why NAMI-NYS is dedicated to helping support those who support us and care for those dedicated professional caregivers who are playing a major role in driving recovery.

NAMI-NYS is part of the Statewide #3for#5 campaign that is calling for a three percent increase in funding for not for profits in the human services sector every year for the next five years.

This campaign is unprecedented in its scope through the inclusion of every major Statewide not for profit agency in the mental health, addiction disorder, developmental disabilities, child welfare, foster care and aging community.

Existing law provides for an annual increase for these not for profits. Unfortunately, for the last decade, the funding increases for these agencies has not been included in the New York State Budget. This has resulted in a loss of over \$1 billion in promised financial support. The result is that the quality of services are declining, many agencies have had to institute waiting list for care, facilities are deteriorating and agencies are unable to offer competitive living wages to attract and retain the skilled staff necessary to deliver quality care and support.

Our agencies are the safety net for New Yorkers in greatest need. While these dedicated agencies mission prevents us from turning away people in need, many providers are now fiscally unstable and in danger of closing due to inadequate funding.

The importance of human service agencies cannot be overstated. Many of the people NAMI-NYS represent rely on them to fulfill their dreams of independence and families rely on them to provide their loved ones with the quality care they need to keep them safe and thriving. Communities rely on human service agencies as economic engines and employers and taxpayers rely on them to support New Yorkers in their home communities, off the streets, and out of expensive institutional settings and emergency rooms. This investment is a cost effective win for all New Yorkers.

We urge the members of Senate Finance Committee and Assembly Ways and Means Committee to continue your leadership in the not for profit sector through your support of #3for#5.

Locating community based services can be arduous, and finding in-patient services is fast becoming next to impossible as psychiatric beds continue to be reduced in both public and private hospitals. We also commonly hear stories of people with a psychiatric emergency lingering for days in emergency rooms ill-equipped to address their illness while staff struggles to locate a psychiatric bed for them. Often once a bed is located, that bed is in a different part of the state. One of our members just had this experience with her son; they live in Otsego County and after a long period of time in the ER, a bed was found for him. However, it was located hours away in Western New York.

Moving people hundreds of miles away from their family makes family engagement, needed for successful recovery, far more difficult. The lack of a sufficient amount of inpatient beds has also led to questionable discharge practices. Many people are discharged before they are ready, as the bed they occupy is desperately needed.

NAMI-NYS has argued that one way to address the lack of in-patient services is to expand the use of mental health housing programs with full wrap-around recovery focused services. These programs are tremendously valuable as they provide a safe, secure and supportive environment that can mirror the care one would receive in a hospital setting.

Unfortunately, New York State has failed to adequately invest in these life-saving programs. Non-profit mental health housing programs have received flat-funding since 1990. When factoring in inflation, this plateau in funding has left these programs operating at 43% of where they should be under current economic conditions. Our colleagues with the Bring it Home campaign estimate that it would take \$185 million to close that gap and are calling for \$37 million a year for the next five years to close the budget gap.

This year's budget proposal includes an additional \$20 million for existing community-based residential programs. NAMI-NYS is grateful for this additional funding, especially under the difficult fiscal situation faced by the state. However, this investment still falls short of what is needed to address the quarter-century of flat-funding to non-profit mental health housing programs. We urge the legislature to work towards closing the gap in funding of these vital programs.

Along with residential and treatment services, crisis services are also desperately needed. NAMI-NYS believes that no one should have to travel more than an hour to access psychiatric emergency crisis services. Unfortunately, this goal is unattainable for far too many New Yorkers. We need investments to expand both mobile crisis services such as Assertive Community Treatment (ACT) Teams and Mobile Intervention Teams as well stationary options such as crisis stabilization centers and respite centers.

New York has been successful in increasing access by integrating psychiatric care into primary care providers and schools, especially in areas where services are extremely limited. There are successful examples of integrated care in primary care settings under the New York State Medicaid program. The New York State Office of Mental Health (OMH) has done good work on integrating mental health clinics in schools and in utilizing Project Teach to increase mental health services for children and adolescents. The state must continue to invest in integration initiatives.

We must also continue to invest in other valuable programs that have demonstrated success in increasing access such as *OnTrackNY*,ⁱⁱ OMH's innovative treatment program for adolescents and young adults who have begun to develop symptoms of psychosis. Early intervention

programs such as OnTrackNY have the best probability of harnessing the most serious and debilitating psychiatric symptoms.

As we stated earlier, private insurance also plays a contemptable role in the difficulty to engage in psychiatric care. On May 16, 2019, Bloomberg Businessweek published a story “As Suicides Rise, Insurers Find Ways to Deny Mental Health Coverage.” In the article, Angela Kimball, then NAMI’s Acting CEO states: “You have parity coverage on paper, but if you can’t find an in-network provider in your coverage, it can become meaningless for you if you can’t afford care or find it.”ⁱⁱⁱ Here is an area where New York State should be praised for establishing the Community Health Access to Addiction and Mental Health Care Project (CHAMP), to fight for New Yorkers facing insurance obstacles to treatment, to make sure anyone who seeks treatment-- gets it, regardless of their ability to pay.^{iv}

NAMI-NYS applauds the following measures of the budget which strengthen adherence to parity:

The FY 2021 Executive Budget establishes the Behavioral Health Parity Compliance Fund for the collection of penalties imposed on insurance carriers who violate New York’s Behavioral Health Parity laws, which will be used to support the Substance Use Disorder and Mental Health Ombudsman program. Additionally, the State will strengthen compliance with the Behavioral Health Parity provisions set forth in the FY 2020 Enacted Budget through the release of State regulations by October 2020.

The Executive Budget continues \$1.5 million in funding to support the behavioral health ombudsman program, which helps individuals and their families navigate the behavioral health care system to ensure people have access to necessary care and services, and helps resolve issues when care has been delayed or denied. The Executive Budget also provides authority to utilize up to \$1.5 million in funds received in the newly established Behavioral Health Parity Compliance Fund.

Finally, there are two other areas where we want to applaud the budget and the legislature’s commitment to expanding mental health services.

The first is improving the criminal justice-mental illness interface. The Senate has led the way in this crucial endeavor by continually funding Crisis Intervention Teams (CIT). CIT programs aim to transform crisis response systems so that police are not the first responders to individuals in emotional distress. We believe that mental health-related crises should have a mental health

response. CIT programs also train law enforcement officers to better recognize and respond to individuals in crisis so that when they are the first responders they can safely de-escalate situations and divert individuals from the criminal justice system, when possible.

It is important to continue reforming the criminal justice system, increase mental health courts and expand diversionary options away from incarceration and towards recovery. However, diversion towards recovery oriented programs can only be successful if psychiatric services exist to divert people to. As I detailed earlier there are not enough of these services.

The second issue is veterans mental health. Once again, Senator Kruger, I commend you and your colleagues in the Senate for fighting to continue funding New York's unique Joseph P. Dwyer Vet-to-Vet program. Peer led programs play an important part in recovery as receiving help from someone who is empathetic to your struggles is extremely beneficial, especially for veterans. The Dwyer program has helped guide countless veterans towards recovery and away from suicide. Our goal is to see the program in each county in New York.

NAMI-NYS also applauds the budget's inclusion of \$1,000,000-for services and expenses related to suicide prevention efforts for veterans, first responders, law enforcement and corrections officers.

Again with appreciation of the challenges faced during this year's budget negotiations we are grateful for this opportunity to detail how to make New York a more mentally healthy state and look forward to working with you and your colleagues to make this goal of mental wellness a reality.

Thank you.

ⁱ Dr. Amy Barnhorst "the Empty Promise of Suicide Prevention" New York Times Opinion Section, April 26, 2019: <https://www.nytimes.com/2019/04/26/opinion/sunday/suicide-prevention.html?module=inline>

ⁱⁱ <https://www.onrackny.org/>

ⁱⁱⁱ <https://www.bloomberg.com/news/features/2019-05-16/insurance-covers-mental-health-but-good-luck-using-it>

^{iv} <https://oasas.ny.gov/accesshelp/right-to-treatment.cfm>