



## Mental Health Association in New York State, Inc.

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Testimony to Joint Legislative Public Hearing on  
2021-2022 Executive Budget Proposal, Topic: Mental Hygiene

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**HEALTHY MINDS FOR A HEALTHY NEW YORK**

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Thank you to the Assembly Way and Means Committee and Senate Finance Committee for this opportunity today to speak about the proposed mental health funding in this year's Executive Budget. I also want to thank the leadership of Assembly Mental Health Chair Aileen Gunther and welcome our new Senate Mental Health Chair, Samra Brouk.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). I have had the honor of serving in this position for the last seventeen years. We are an organization that is comprised of twenty-six affiliates in 52 of New York's 62 counties. While some of our members provide community based behavioral health services, all our members are engaged in advocacy, education, training and support. We are very proud to be a mission driven organization.

Given our mission, we are engaged in ending the stigma and discrimination of mental illness. Our advocacy work in recent years is always focused on budget but also we have engaged with all of you in the successful passage of mental health education in schools, mental health tax check offs, and mental health anti-stigma license plates. Most recently, due to the leadership of Assemblymember Gunther, a Statewide Trauma Informed Advisory Council was created to provide resources and support for the essential workforce impacted by COVID.

The circumstances surrounding this budget are the most unusual that we have ever faced so there is no surprise that the budget itself is so complex. There are so many unanswered questions as we continue to wait for the Federal response to the Pandemic. The way we are looking at this year's budget is through the lens of the \$6 billion dollars provided in Federal support. Like everyone else, we are hopeful that it will be \$15 billion. If it is indeed \$15 billion, we would hope and expect that the Governor would restore all the cuts we are referencing in our testimony, and that we will move forward with the human service 3for5 Campaign and provide the entire human service sector with a three percent increase in funding for the next five years.

Last year at this time, pre-pandemic, our entire sector from mental health, substance use, developmental disabilities, foster care, child welfare, domestic violence shelters, food pantries and so much more were completely focused on the 3for5 campaign, which was unfortunately derailed because of COVID. Our workforce had been largely ignored for over a decade, with cancelled statutory inflation promises littering the Budget-making floor. The Legislature was overwhelmingly positive to our campaign, and we were hopeful that we would be included in the final Budget. COVID wiped that possibility out. Our need to adequately compensate our staff is even more vital this year, if that's possible, given the impact of COVID on the mental health of New Yorkers. Our essential workers were heroes who fought unceasingly to save those in greatest need, while putting themselves in harm's way.

### **Pandemic Impact to Mental Health**

There are two pandemics we have faced since the start of COVID. The first one is sadly about the almost 450,000 people we have lost --- and the devastation caused to their loved ones and the community, as well as the chaos of our economy with millions of people losing their jobs and losing hope.

The other pandemic we have faced is the mental health pandemic. The numbers are equally devastating---the isolation, the fear, the anxiety has led to record numbers of increases in depression, suicide attempts and drug overdoses. According to a Kaiser Permanente Report, the number of people that have serious mental health issues since COVID is up over 45%---this is over double the national average of 20%. Those numbers represent over 100 million Americans and over eight million New Yorkers. The same report also sadly highlighted the impact to young people between the ages of 18-24, over 25 percent reported serious thoughts of suicide. We know that young people in schools have also suffered tremendously through isolation, changes in continuity of learning, missing of significant life events and loss of feelings of security and safety.

Our mental health crisis during COVID is real and formidable. The struggles we face in this year's Budget translate into real lives and real people. The 20% withholds imposed on July 1, 2020 translated into less people getting mental health services, longer waiting lists to get housing and other supports and job loss for those in our sector dedicated to helping provide individuals with mental health related issues with support, safety and recovery.

When the mental health need is the most significant of our lifetime, the resources available to the community dwindled. None of us are naïve and we all understand that there was and is a fiscal crisis driven by COVID, but this second COVID crisis should not have been driven by the State's fiscal picture. We should have had a moratorium on cutting mental health services as a matter of policy from COVID's onset. There were better cost-saving measures that could have been chosen.

In this backdrop, these are some of the major concerns we have this year. The one caveat is that we are engaged in many issues across the continuum of mental health. I urge you to go to our website at [www.MHANYS.org](http://www.MHANYS.org) to see the 23 priorities we have for 2021.

Here is a subset of some of the most significant issues we face in this Executive Budget.

#### **Five Percent Across the Board Cuts to Mental Health Funding**

In July 2020, the mental health sector was faced with 20% withholds for all county contracts dedicated to mental health. Most counties passed this cut on to the not for profits that run community programs in their counties. As I referenced earlier, these 20% withholds meant less services for those in greatest need, less crisis support, longer waiting lists and layoffs to those who work to keep people with mental health issues safe, secure and striving for recovery.

These agencies were already living on the margins. Taking a 20% cut during the most difficult of times during a mental health crisis is a way to completely tear apart the safety net.

The Executive Budget proposes ending the 20% withholds, and replace them with a full 5% cut to mental health services. We want to ensure that the funding that was withheld is given back to the counties and mental health providers. The 5% budget cut cannot be allowed to stand.

*Recommendation 1:*

*We urge the Legislature to restore the proposed 5% Budget cut and also ensure the withholds are fully restored.*

**Reinvestment of Closure of Psychiatric Hospital Beds**

Six years ago the Executive and the Legislature worked together to insure that any savings from beds that were closed in State Psychiatric facilities would be reinvested back into the mental health community. MHANYS, NYAPRS and many of our colleagues were involved in that negotiation.

We were supportive of the outcome that guaranteed \$110,000 community reinvestment for every bed that closed in a state psychiatric hospital. These resources would fund desperately needed crisis services, residential programs, respite beds, diversion programs that keep people in the community and out of prison, peer support for individuals in need, family services, education and employment support. These services are the building blocks, combined with clinical treatment, of a strong community mental health system.

Over the last several years, Reinvestment has infused over \$100 million dollars to our county-based mental health systems. This year, bed closures should generate an additional \$22 million with the projected closing of 200 beds.

Unfortunately, the proposed Executive Budget took away money from the community and deposits it in the General Fund.

Frankly, that's just another gut punch to mental health services that is completely unnecessary.

Reinvestment is a win-win for the State. It saves lives and money by keeping people in the community.

This year's Budget, instead, is lose-lose. The beds are gone, and so is the promised community funding.

*Recommendation 2*

*Please eliminate the 'not withstanding' language for reinvestment.*

**Mental Health Education in Schools**

As an organization that has been engaged on this issue for almost a decade, we can justifiably say that New York is a national leader in mental health instruction in all of our schools across the State. That's due to progressive Legislative policy making, the support of the Governor, and State agencies like OMH and the Education Department who support our mission. In fact, 25 States have contacted us about pursuing the New York model.

The MHANYS Mental Health and School Resource Center has reached almost 90 percent of the schools in New York State to not only work with them about adding mental health education in schools but restructuring how the schools look at mental health as part of overall wellness for a

student. Educators, students, school administrators and families are gaining greater understanding of what good mental health means in curriculums as well as in increasing the social-emotional learning in schools. The goal being to ensure that at the end of the day students have a better understanding of good mental health which enhances their ability to learn, manage emotions, form strong relationships with others and cope and manage change as they move forward in their lives.

We must also meet the needs of teachers as well. Last years, Assemblymember Fernandez and Senator Carlucci introduced legislation that would provide funding to ensure that school personnel were provided with training about mental health through a self-paced learning tool developed by MHANYS. Unfortunately, as the bill was gaining momentum, COVID hit and we were unable to get the legislation passed.

We thank Assembly member Fernandez for reintroducing the bill and we look forward to discussion with Senator Brouk about becoming our new Senate champion.

### *Recommendation 3*

*We thank the Governor for including \$500,000 in the budget for the School Mental Health Resource and Training Center. This continues an on-going commitment to the Center and the work that is being done. This year is certainly the most challenging we have ever had in regard to mental health in schools. COVID has caused an incredible amount of stress, anxiety and isolation for students, their families and educators. Our Center provided over one hundred trainings to over 12,000 people during this period. While we are proud of what has been accomplished, we know that we still only touch a small subset of the entire school population. We are urging legislative support for an additional \$500,000 in this year's budget to help support the work of the resource center.*

### *Recommendation 4*

*We urge support for passage of the Mental Health Education Bill for school personnel with funding to help support this training.*

## **Responding to Mental Health Crisis**

The stories of racial inequities in the fight for criminal justice reform in mental health are heart wrenching. Witnessing these events is traumatic and often times laced with racial injustice. New York has been a national leader in trying to end these practices. Adding clinical social workers to law enforcement response to emergencies, ramping up mobile crisis teams and crisis stabilization centers are all strong responses. Other strong responses on which we are engaged at MHANYS are Crisis Intervention Teams and Mental Health First Aid for Public Safety.

Crisis Intervention Teams (CIT) are comprised of trained police officers and mental health staff that collaborate to address and deescalate emergency situations involving individuals in a serious mental health crisis. The designated Police Officers are provided with a 35-hour training done by mental health professionals to help them better understand the signs and symptoms of mental health issues and how to deescalate a crisis.

A corollary to that training is something in which MHANYS and our members are engaged. This training is known as Mental Health First Aid for Public Safety. This eight-hour training helps law enforcement identify signs and symptoms of mental health issues as well as builds a greater understanding of early intervention and prevention for those in a crisis. Over 20,000 people in law enforcement have been trained across the country in Mental Health First Aid Public Safety. MHANYS and our members have trained hundreds of law enforcement professionals that have led to better linkages and support for those with mental health issues and their families.

#### *Recommendation 5*

*While the Executive references the importance of CIT and Mental Health First Aid, there is no new money in the budget to support these initiatives.*

*The Legislature has always provided funding for these programs in the past. If there were ever a year that funding for both Crisis Intervention Teams and Mental Health First Aid for Public Safety were needed, this would be the year. We support \$3 million in the Budget for Crisis Intervention Teams that would provide trainings to thirty counties across New York State.*

#### *Recommendation 6*

*We urge support for MHANYS Mental Health First Aid Program to educate our members and the community about the warning signs of a mental health crisis. Over the last six years, the Senate has provided MHANY with a \$100,000 a year for this program. In this time of enormous need, we need \$250,000 to increase our numbers to counties across New York State.*

### **Trauma Informed Care for the Essential Workforce**

Through the leadership of Assemblymember Gunther, we had legislation passed last year that created a Trauma Informed Advisory Task Force for the Essential Workforce. This legislation came about because we have witnessed firsthand the trauma of COVID to the thousands of essential workers who have been the heroes during this Pandemic. Many of them have seen the horror of COVID first hand and instead of running the other way, choose to save and support the lives of hundreds of thousands of New Yorkers affected by COVID and their loved ones.

Trauma experts have warned us that the impact of COVID will be with us for many years. Sadly, among the long-term risk of untreated and unprocessed trauma includes decreased physical health, higher risk of suicide completion and greater risk of substance use

This Advisory Council was developed to help put New York ahead of the curve when it comes to responding to this need. Experts in the area of trauma and workforce including representatives from health care, education, child welfare, mental health, substance use, unions, peers, families and other groups are developing a series of recommendations to respond to the long term needs of trauma informed care in response to the pandemic in New York

#### *Recommendation 7*

*The preliminary recommendations of the Advisory Committee are due in early March. We look forward to sharing these recommendations with the Legislature and Executive during the*

*month of March. We look forward to continuing the movement about New York being the nation's leader in response to Trauma during the Pandemic.*

*Recommendation 8*

*A powerful training tool that helps to respond to the needs of both trauma and mental health education is MHANYS CarePath. We urge legislative support for this initiative in helping to create greater public awareness and utility of this training among all populations.*

**Consolidation of the NYS Office of Mental Health and OASAS**

The Governor has introduced into the proposed budget the consolidation of the Office of Mental Health and The Office of Addiction and Support Services. This has generally met with positive comments in the community. Most State have moved forward with the agencies being combined. That is a reflection of the interface between addiction and mental health, something my wife and I are familiar with given that we have a family member from the integration of those worlds.

While many people have the co-occurring needs of both mental health and substance use, there has to be a continued recognition that many have either one or the other diagnosis. Any future agency has to recognize that there has to be discreet programming for separate resources for each diagnosis.

Education needs are also significant. Mental health education in schools is handled differently than substance use education. Will there be continuing resources for both sectors especially if marijuana become legal in New York State.

Most importantly, our greatest concern is about the funding. We are continuing to hear that there are not likely to be savings from a consolidation, but we're a little skeptical. We need the Legislature to aggressively evaluate whether the merger will generate savings, and if so make sure that the resources are reinvested into community behavioral health services.

*Recommendation 9*

*Support the inclusion of language in the consolidation bill that would insure that any funding that is saved through consolidation is reinvested into community behavioral health services and not swept away for uses for general services in the budget.*

**Housing and Adult Homes**

We are very supportive of the \$20 million in the budget dedicated to existing housing stipends. While this represent the unspent money from last year, we are appreciative that it was rolled into this year. This money is a lifeblood for housing providers who rely on these stipends to help defray the cost of rent for individuals which as we know especially in some regions of the State is incredibly high. This money will go to the bottom line of helping those in greatest need get and maintain housing as well as effectively decrease the long housing wait list that currently exists.

Regarding Adult Homes, we are very concerned that there is a cut of \$450,000 in the Justice Center budget in regard to advocacy and support for adult home residents in facilities that are largely comprised of individuals with mental health needs. In a COVID environment when people are most

in need of legal and lay advocacy, a proposed funding cut to those advocates makes no sense. This small investment is a lifeblood for residents in adult homes.

*Recommendations 10*

*Support additional funding for rental stipends in this year's budget.*

*Recommendation 11*

*Restore proposed funding cuts to adult home legal and lay advocacy of \$450,000.*

**Veterans Mental Health**

We have long been proponents of the Joseph Dwyer Veteran Mental Health Peer to Peer Program. Over the last decade of implementation, several of our MHA's have been engaged as part of the Project in their communities. It has been a very successful model linking veterans with each other and providing community support. We know that great stigma continues to exist in mental health. The community of veterans, our heroes in society, recognize the stigma that exists and become difficult for them to acknowledge a mental health issue. The Dwyer Project has helped to break down those walls and help to identify that mental health issues are not weakness. We urge continued support for Dwyer funding in this year's budget.

*Recommendations 12*

*Support additional funding in this year's budget for the Joseph Dwyer Peer to Peer Mental Health Program.*

**Prescriber Prevails**

One of the great frustrations in the Budget over the years is the perennial effort to eliminate Prescriber Prevails. Why would you propose taking away a fundamental protection for those individuals on Medicaid with a mental health diagnosis? Medication administration is an integral piece to an individual's treatment plan. Not every mental health medication works the same. Some health plan formularies have limited choice of mental health medications forcing individuals to take a less effective medication for their mental health diagnosis. Prescriber Prevails is a common-sense protection that simply says final decisions about an individual's medication should be made by their prescriber in consultation with the individual. There is nothing more frustrating as a family member to know that your loved one is not getting the medication they need because it is not in a plan's formulary. Let the Prescriber and individual decide the best course of treatment---it is that simple

We thank the Legislature for continuing to support this important safeguard .

*Recommendation 13*

*The Legislature should add Prescriber Prevails back in this year's proposed Executive Budget.*

**Criminal Justice Reform**

There are more individuals with mental health related issues in the State's jails and prisons than there are in the State's Psychiatric hospitals. Yet, there are not enough mental health services and support for the incarcerated population. It is both a mental health and racial equity issue.



We strongly support the HALT Legislation. This legislation would dramatically reduce the use of solitary confinement and in some situations, completely ban this practice. From our perspective as mental health advocates, there are few things more traumatizing for someone with a mental health related issue than to be put in solitary confinement. It only serves to exacerbate existing symptomatology around anxiety, depression, suicidal thoughts and psychosis.

In 2019, Governor Cuomo submitted a proposed federal waiver to CMS to provide a 30 day window for individuals before they are released from jails and prisons to begin the process of development and implementation of a treatment plan. This is an incredibly important reform that will provide individuals with mental health related issues to leave prison with services and medication already in place. We know that in most cases recidivism happens when there are no immediate plans of care in place. This would be an important safeguard to help those released from prisons and jails to get the support and services they need without having to wait weeks or even months to get services.

*Recommendations 14*

*We urge the Legislature to pass the HALT Legislation*

*Recommendation 15*

*We urge the Legislature to work with Governor Cuomo and our Congressional members to expedite the waiver to ensure that incarcerated individuals have a 30 day planning window before they are released.*

**Deferring a 1% COLA for the Workforce:**

In the 2020 budget hearing, virtually every agency that testified spoke about the need for funding for their workforce. The #3for5 campaign had hundreds of members statewide working with legislators to show how underpaid the not-for-profit sector was paid for their life saving work. This message has been amplified this year as we acknowledge and support the great work of our direct care workers during COVID. They have been celebrated and lauded for their work but they have, unfortunately, not gotten what is most needed---additional increases in pay. Deferring a 1% COLA in mental health sends the wrong message to a workforce that has been heroic in response to COVID.

While we are appreciative that the State continues to pay providers to support the increases in minimum wage, the State's deferral of this COLA is the wrong message at the wrong time.

*Recommendation 16*

*Whether or not, New York State receives \$15 billion from the Federal Government as part of a stimulus package, restoration of the one percent COLA should be a priority. In addition, if New York State does receive full federal stimulus funding, the State should work with the Legislature to begin funding the not for profits three percent increase a year for the next five years (The #3for5 Campaign)*

**Mental Health Support for Employers**

COVID has amplified the need for more mental health services and support. There is much less stigma about mental health needs than there was in the past. This is true in all walks of life including the

workforce sector where both employer and employees are recognizing the need for more mental health support and services. MHANYS has developed a legislative initiative meant to address those needs with limited cost to the State and Employers.

Federal statutes such as Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) provide certain protections for people with disabilities, both physical and mental, but there is often confusion in the workplace about how these laws apply to people with psychiatric disabilities. While workplaces across New York make policies and best practices regarding physical health issues and accommodations clear, similar practices do not exist for mental health. Many employers are unsure of the best practices regarding employee mental health and wellness.

#### *Recommendation 17*

*MHANYS recommends two actions that have the potential to immediately contribute to workplace mental health literacy, awareness, stigma reduction, healthy habits of self-care, and the pursuit of professional care when needed. These actions include: 1) mental health postings in the workplace; and, 2) voluntary guidelines in the workplace.*

#### **Crisis Stabilization Centers**

This year's budget include language that identifies 27 sites across New York for creation of Crisis Stabilization Centers. These Centers would serve as respite for individuals with mental health or substance use crisis that would normally end up in emergency rooms or incarcerated. The model serves as a positive approach that would help deescalate crisis and provide a plan of care moving forward for individuals in greatest need. For those of us that are family members, there are few things more frightening than having to end up in the emergency room for a mental health crisis. A Stabilization Center can help limit the need for emergency room visits.

Several MHA's already are engaged with Mobile Crisis teams and Stabilization Centers. While it has been overall very promising, they have pointed out some concerns especially around Medicaid reimbursement. When someone is in an emergency situation, you only care about providing respite and support and not what insurance coverage they may have. What we have heard after the fact is that there are individuals that are in respite that are not on Medicaid or are unaware of their insurance needs. MHANYS strongly support the Centers but there has to be a way to keep provider financially whole as part of the programming of the Center

#### *Recommendation 18*

*We are very supportive of the work of Governor Cuomo and Commissioners Sullivan and Gonzalez-Sanchez in the development and implementation of the Stabilization Centers. We need State support to keep these Centers viable. We urge the Legislature to work with the State to provide some local assistance dollars to Stabilization Center providers to ensure that they are made whole financially when they are unable to bill Medicaid for services.*

#### **Telehealth**

Few changes have been as dramatic in COVID as the move to tele-health. For many individuals and providers, it has been a significant factor in helping to provide clinical care. We support Governor

Cuomo's commitment to telehealth through regulatory and statutory authority as well as technology expansion.

In this environment, we also have to be cognizant that for some people telehealth does not work. There still needs to be person to person contact. Everyone is different and there is no cookie cutter way to clinical care. We continue to urge support for a panoply of choices for individuals after we move away from COVID.

*Recommendation 19*

*With the new proposed changes in regulations, we urge the preservation of audio only telehealth, provide payment parity for telehealth visits with inpatient visits and ensure that there is proper out of network coverage for use of technology*

**Involuntary Commitment Standards**

The budget has proposed language that would lower current involuntary commitment standards beyond 'danger to self or others' to 'likelihood to result in serious harm.'" This language is concerning as the standard change could deter people from seeking treatment voluntarily. Also by changing the standard, will that lead to a slippery slope relying on greater reliance on emergency rooms and not community services. While the language change is well meaning—it can also lead to a continued stigmatization that people with mental health issues are violent. Our system of care should not be about coercion or broad criteria—it should be about person centered, trauma-informed care.

*Recommendation 20:*

*More resources should be dedicated to Trauma Informed Care programs and trainings, MHANYS Care Path Program (dedicated to a Whole Health Approach to Mental Health bringing together individuals and their families to design a comprehensive path designed to manage the first 90 days post discharge) CIT, Mental Health First Aid and Crisis Stabilization Center that provide individuals in greatest need with supports and services.*

**Raising Revenue**

MHANYS is part of a dozen statewide advocacy mental health and addiction groups dedicated to working together to help provide better supports and services for individuals with mental health and addiction disorders.

We strongly support adding revenues to this year's budget if New York does not receive \$15 billion in federal stimulus support. We advocate all options to ensure that our system is preserved and grows including revenue enhancers, funding from the Opioid Settlement and new federal funding related to behavioral health that has been part of the stimulus package discussion.

We look forward to working with you to enhance funding for the mental health budget.