



**February 5th, 2021**

**New York State Joint Legislative Budget Hearing on  
Mental Hygiene**

**National Alliance on Mental Illness of New York State  
(NAMI-NYS)**  
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**Testimony delivered by: Wendy Burch**

Good morning Assemblywoman Weinstein, Senator Krueger and members of the committee, thank you for the opportunity to provide testimony on the critical topic of the mental hygiene budget. My name is Wendy Burch and I am the Executive Director of NAMI-NYS. I am here today to speak for the one in four New York families who are affected by a diagnosable psychiatric disorder as well as the countless New Yorkers who have had their mental health negatively impacted by the outbreak, the economic toll of the pandemic and social isolation practices.

Responding to this year's budget proposal is more challenging than in the past as Governor Cuomo has presented three different versions of the budget, yet what remains true in any budget scenario is that New York must address the growing mental health crisis caused by the pandemic before it reaches catastrophic proportions.

Today's hearing is of paramount importance; Not only has COVID-19 had a profoundly negative effect on society's collective mental health and led to a dramatic increase in the demand for behavioral health services, but it has simultaneously severely compromised behavioral health providers' ability to deliver these life-saving programs. We need to reverse this dangerous trend as New York cannot recover or begin to move forward without addressing mental health.

NAMI-NYS has long testified before you to detail the myriad of challenges New Yorkers face trying to access mental health care and have warned of the dire consequences of failing to address the many cracks in our behavioral health system. The problems of the past pale in comparison to the catastrophe people with mental health issues and their families face if the state continues to fail to adequately fund the behavioral health system.

We have found during recent advocacy meetings with many of your colleagues several have shared the different ways the shortage of mental health services have impacted them personally. One member of the Assembly Mental Health Committee told us of the difficulty they are having finding psychiatric services for their ill relative. The most dramatic example was a Senator from Long Island who took a call at the district office which turned into a full-blown crisis call with the caller threatening suicide. The Senator acted heroically and kept the person on the line until help arrived. They explained how being thrust into a situation that many of our families have had to experience was an eye-opening experience for them. I mention this to demonstrate that the lack of mental health services can impact anybody and nobody will be immune if we fail to save our services.

The importance of addressing one's mental health was a consistent theme in Governor Cuomo's daily Coronavirus briefings. But now that we are seeing a surge in the need for behavioral health services that will be impossible to flatten without herculean efforts from our behavioral health providers, these same frontline heroes have been met with crippling withholdings and are now facing permanent cuts.

At a time when New Yorkers are seeking behavioral health services at an all-time high we need

to ensure we have the services to meet this increasing demand. The 20% withhold to community providers have already had a devastating impact on the ability to deliver these critical life-saving services. We must avoid a 5% cut to the behavioral health sector.

To avert program closures, access and reductions in service availability, the State must immediately provide full funding for mental health services and restore the 5% across the board (ATB) cut imposed on providers in the SFY 2021-22 Executive Budget.

We must ensure that we are maximizing every dollar that is supporting the system. The SFY 2022 Executive Budget proposes the \$22 million in savings due to closures but prevents the reinvestment of any savings into behavioral health community-based services. Behavioral Health advocates urge the Legislature to seek inclusion of any savings toward reinvestment in behavioral health community-based services and oppose the language to “freeze” the Community Reinvestment Act.

NAMI-NYS also supports the minimum wage increase for the behavioral health workforce, as sustaining our skilled and caring workforce is critical to establishing the type of continuity of care needed to best drive recovery. We are thankful for our essential workers during COVID-19, 80% of whom are women, half of whom are Black, Indigenous, and People of Color, and 60% of whom are living in poverty (3for5 So Communities Thrive Campaign, February 2020). We support the SFY 2022 Executive budget that includes \$38.5 million to support minimum wage increases for staff working in OMH, OASAS and OPWDD funded non-profits.

We are proud that our federal advocacy efforts have been rewarded by promises from the federal government and by budgetary action on the part of Congress resulting in significant, new funding targeting behavioral health. At the Governor’s urging, on behalf of our member agencies, and on behalf of the more than one million people they serve, we advocated successfully for increased federal funding for New York State. Consequently, New York will receive an increase in both the SAMHSA Substance Abuse Treatment and Prevention Block Grant and SAMHSA Mental Health Block Grant. We were also pleased to see new Payroll Protection Program and other COVID relief funds.

We ask the Senate and Assembly to pass budget language that ensures that the new vitally needed federal funds are not used to supplant existing state funds. We ask that new funds be used first to support our workforce and strengthen existing services and then for new initiatives. Our agencies are in fiscal distress, experiencing a staffing crisis, and have been severely impacted by COVID. We need Senate and Assembly support to make our existing service delivery system healthier.

The creation of an Adult-use Cannabis Program, if enacted in the final budget, must assure that substantial revenue is dedicated to prevention, harm reduction, treatment, and recovery programs. If the Senate and Assembly approve marijuana for adult use, they must do so with a strong commitment to the amelioration of negative public health consequences. Addiction and

mental health issues will be a consequence of marijuana use for some adults and underage use will be an issue for which we should be prepared.

We ask the Senate and Assembly to include a significant commitment of funding (25% of gross tax receipts) to support prevention, harm reduction, treatment, and recovery as part of any adult-use program they approve.

Let me state again, that NAMI-NYS represents individuals and families impacted by mental illness and we do not provide the type of services we are advocating for. However, we know how important access to mental health services is. Far too many of us also know how arduous it can be to locate these services. Access was difficult before COVID-19, we do not want access to become impossible.

The need for robust community-based behavioral health services is also heightened as we see psychiatric and detox in-patient beds being disproportionately reduced by private hospitals in order to meet state overhead mandates. The loss of these beds is disturbing, both because of the increased burden it places on the underfunded community-based system, as well as the human toll this is taking on those in need. A nurse at Brooklyn Methodist Hospital has reported coming to work and seeing several of his former patients from the now closed psychiatric ward living on the street picking up cigarette butts from the street to smoke.

We believe that more people with a mental illness will be living on the streets as services dwindle. We cannot let the most vulnerable among us go forgotten. This is why NAMI-NYS applauds the inclusion of language in Subpart C of AA of the Health and Mental Hygiene Budget Bill that clarifies criteria regarding involuntary commitment. This language would:

*Add new criteria to the definition “likelihood to result in serious harm” or “likely to result in serious harm,” which would allow for involuntary commitment upon a finding that an individual is experiencing such complete neglect of basic needs for food, clothing, shelter or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken. The new criteria would allow OMH the opportunity to better serve those with mental illness who struggle to help themselves and suffer from malnourishment, exposure to the elements or lack the ability to take care of serious medical problems.*

We want to be clear NAMI-NYS believes involuntary commitment is a last resort and we do not want to see anyone’s civil liberties being infringed. However, many of the families we represent have had loved ones die alone cold and hungry in the streets. No family should have that painful experience. It is the right and humane thing to do, to help those who are not in a position to help themselves. If someone is freezing and starving on the streets and does not realize they are putting their life at serious risk, then we owe it to them to save their life and hopefully put them on the road to recovery.

We also support the language in Subpart B of AA of the Health and Mental Hygiene Budget Bill

that clarifies criteria for reinstating an Assisted Outpatient Treatment order. These clarifications explain evaluations during the critical period immediately prior and six-months post an order's expiration. Again, we support this as it is more important than ever that we ensure those who need treatment the most receive it.

Along with restoring the funds to community providers and ensuring that the sickest of the sick receive care, there are also funding measures that need to be put into place to ensure appropriate access to mental health services. NAMI-NYS is advocating advancing Governor Cuomo's effort to expand telehealth services. This is a very positive development. However, while Governor Cuomo envisions telehealth reaching all New Yorkers, it is important to note that many New York communities do not have the infrastructure to support this type of initiative. This is especially true in many rural and inner-urban communities that also have the most difficulty accessing traditional mental health services.

We also ask the Senate and Assembly to strengthen the Governor's proposal by adding telehealth rate parity so that rates for audio/video services are the same as in-person rates, helping cover the full cost of services. We also ask that all OMH and OASAS peers be included in telehealth reimbursement.

Now more than ever it is critical that an individual receives the psychiatric medication their doctor believes would best advance *their* recovery. This is why NAMI-NYS is advocating for prescriber prevails language for Medicaid services to be included in the final budget.

NAMI-NYS is calling for investments in the following programs, all of which are necessary for adequate community care: Mental Health Housing, Assertive Community Treatment Teams (ACT Teams), Mobile Intervention Teams, Respite Centers, Crisis Centers, Certified Community Behavioral Health Clinics (CCBHCs), Telehealth, First Episode Psychosis Programs, Integrated psychiatric services in primary care settings and mental health clinics in schools.

Finally, we want to make our recommendations for the investments needed to reform the criminal justice-mental illness interface and transform our crisis response system. We are very encouraged to hear the Governor speak of the need for increased crisis stabilization centers as detailed in Subpart A of AA of the Health and Mental Hygiene Budget Bill. These will be a tremendous benefit to the communities that utilize them. Crisis stabilization centers are an important component of community care and in justice system reform. In most communities police and first responders have two choices when intervening with someone in a mental health crisis; they can either arrest them or bring them to the emergency room. Police realize that neither option is optimal and crisis stabilization centers would provide a much needed alternative.

We are eager to learn the result of the study on this issue to be produced by the New York State Office of Mental Health and Johns Hopkins University. However, we cannot overlook the fact that New York already has a successful program addressing crisis response, the Institute for

Police, Mental Health and Community Collaboration, based in Rochester.

The Institute which is funded through OMH, has helped communities across the state implement sequential intercept mapping and Crisis Intervention Teams (CIT), which train police and first responders how to best interact with people living with a mental illness. There is \$400k from the SFY 2019-20 that still have not been allocated to the institute and the SFY 2020-21 had no funding for the institute. We must continue to fund this critical program. Traditionally funding for the Institute comes from the Senate.

With the upcoming implementation of the 988 crisis number, New York has the opportunity to transform our crisis response system. We will be recommending measures that adhere to NAMI's *Model Bill for Core State Behavioral Health Crisis Services Systems*.

We end by stating that we believe the time is now for the legislature to pass A.2277/S.2836 the HALT bill, which would reform the use of solitary confinement.

I conclude by sharing how over the summer, the CDC released a report which demonstrates how COVID-19 has impacted our mental health. Overall, 40.9% of 5,470 respondents reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%), and those who reported having seriously considered suicide in the preceding 30 days (10.7%).<sup>i</sup>

At least one adverse mental or behavioral health symptom was reported by more than one half of respondents who were aged 18–24 years (74.9%) and 25–44 years (51.9%), of Hispanic ethnicity (52.1%), and who held less than a high school diploma (66.2%), as well as those who were essential workers (54.0%), unpaid caregivers for adults (66.6%), and who reported treatment for diagnosed anxiety (72.7%), depression (68.8%), or PTSD (88.0%) at the time of the survey.<sup>ii</sup>

The study concludes, “The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.”<sup>iii</sup>

Thank you.

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<sup>i</sup> Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1> external icon

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