



TESTIMONY OF
WILLIAM T. GETTMAN, JR.
CHIEF EXECUTIVE OFFICER
NORTHERN RIVERS FAMILY OF SERVICES

PRESENTED TO THE
NEW YORK STATE SENATE FINANCE COMMITTEE
AND
NEW YORK STATE ASSEMBLY COMMITTEE ON WAYS AND MEANS

REGARDING THE
NEW YORK STATE EXECUTIVE BUDGET PROPOSALS FOR MENTAL HYGIENE
STATE FISCAL YEAR 2021–2022

FEBRUARY 5, 2021

NORTHERNRIVERS

SUMMARY OF RECOMMENDATIONS

1. Place a moratorium on reductions to critical mental health services for children, adults, and families.
2. Reject the Executive Budget proposal to redirect residential savings from reinvestment to general budget relief
3. Prioritize workforce support, including fair compensation, opportunity for training and development, and a high-quality work experience
4. Support mental health education and services in school settings
5. Invest in New York State's not-for-profit infrastructure to support vitality and the delivery of vital services
6. Approve Creation of the Office of Addiction and Mental Health Services
7. Limit access to legalized marijuana for individuals younger than age 26

Good afternoon. I am William Gettman, and I am the CEO of Northern Rivers Family of Services headquartered in the Capital Region with offices throughout New York.

About Northern Rivers Family of Services

Northern Rivers Family of Services was established in 2012 through affiliation with longstanding family services agencies **Northeast Parent & Child Society** and **Parsons Child & Family Center**. In 2019, we affiliated with **Unlimited Potential**, whose operations began in Saratoga Springs. Together, the 1,400-strong workforce of Northern Rivers and member agencies serve more than 18,000 children and families in 41 upstate counties each year, with \$88 million invested through more than 60 social services and mental health programs. Northern Rivers builds a strong, successful, and healthy future for our children, families, and communities through quality services, collaboration, and innovative leadership. Our program areas include:

- Residential and community-based child welfare programing including foster care, preventive services, postadoption services, and evidence-based home visiting programs;
- Educational services for 400 students including early learning, pre-K, and Early Head Start, as well as accredited 853 schools (elementary, middle, and high school);
- Community-based mental health and crisis services programs for children and adults including mobile crisis, school-based services, vocational rehabilitation, and licensed outpatient clinic programs; and
- Community-based waiver programs for children and adults including Health Home services.

I would like to thank Chairwomen Liz Krueger and Chairwomen Helene E. Weinstein, Mental Hygiene Committee Chairs, and members of the Assembly Ways and Means and Senate Finance Committees for this opportunity to testify on the Governor's Executive Budget for State Fiscal Year 2021–2022.

As has been stated many times:

***The budget is not just a collection of numbers,
but an expression of our values and aspirations.***

Governor Cuomo has proposed a \$190 billion Executive Budget to deal with our state's needs and priorities including closure of a \$15 billion deficit, managing the impacts of the federal proposals, improving the infrastructure, increasing county and education efficiency, and promoting economic growth and development across the state.

While Northern Rivers Family of Services is grateful for many of the measures the Governor and the Legislature have taken over the past few years to stabilize the state's economy and help to build a better New York, **more needs to be accomplished to make New York State a great place to live, raise a family, and operate a business. Unless the proposed Executive Budget is adjusted to adequately support the human services sector and the children, adults, and families we serve each day, New York State will not reach its goals. Without support and opportunity for ALL New Yorkers, we will not be truly successful.**

COVID-19 Impact

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already

suffering from mental illness and substance use disorders. In a recent Kaiser Family Foundation (KFF) brief, [53 percent](#) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. This is significantly higher than the [32 percent](#) reported in prior months. Many adults are also reporting specific negative impacts on their [mental health and wellbeing](#), such as difficulty sleeping (36 percent) or eating (32 percent), increases in alcohol consumption or substance use (12 percent), and worsening chronic conditions (12 percent), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as [isolation](#) and [job loss](#). Mental health providers and their staff did not allow the pandemic to negatively impact the delivery of services.

- Tens of thousands of front line staff left their homes each day and provided services on an inpatient and outpatient level.
- Providers pivoted to provide remote and tele services to avoid any disruption.
- Agencies were forced to absorb the damaging effects of the 20 percent Withhold Provisions and delayed cash flow.

We cannot however let the COVID-19 and fiscal stress undermine the critical mental health system across New York State. Following are specific recommendations with regard to the proposed budget.

1. Place a moratorium on reductions to critical mental health services for children, adults, and families

The social, emotional, and behavioral well-being of children and youth is a critical aspect of human development that lays the foundation for lifelong health and well-being.

Prior to the COVID-19 pandemic, as many as 1 in 5 children had a diagnosed mental health disorder.

Current evidence shows a surge in anxiety and depression among children and adolescents since the pandemic began, including among young people of color and among lesbian, gay, bisexual, transgender, and queer and/or questioning LGBTQ youth. In addition, almost half of all parents report experiencing higher levels of stress during COVID-19, which increases their children's risk for experiencing family adversity and related mental health problems.

We cannot let funding reductions impact the critical needs that have arisen due to COVID-19. If cuts remain, we can expect the following:

- Reduced mobile crisis services, which prevent hospital visits, law enforcement involvement, and stigmatization
- Decreased school-based mental health services
- Decreased ability to provide respite and related community services that allow families to stay together and build plans for long term recovery and safety
- Increased reliance on emergency rooms and hospitals at a time when COVID-19 is stretching our health system to the limit

Recognizing the fiscal crisis and the unknown federal resources, **OMH and OASAS increased federal block grant funding must be shared equally between adults' and children's purposes** and the Legislature should meet congressional intent and

program at least 50 percent of the new funding for mental health providers. In addition, we recommend **a percentage of revenue from settlement funds and certain taxes must be earmarked for ongoing improvements to children’s mental health and addiction services**. The Opioid Excise Tax, the anticipated opioid settlement revenue, and a portion of the legalization of adult use marijuana revenue should all be dedicated to support the current needs and expansion of evidence based practices for children and families.

2. Reject the Executive Budget proposal to redirect residential savings from re-investment to general budget relief

This year the proposed Executive Budget includes language that would not withstand reinvestment for this year. There are 200 proposed bed closures this year that would result in savings of \$22 million for New York State. This funding would end up in the state’s general fund instead of being included in community mental health services. This \$22 million would not be added to the funding base of over \$100 million that already exists.

We encourage the Legislature to reject this proposal. Reinvestment has historically supported the transition of services from a residential or inpatient service to more normal, efficient, and effective community based services; at a time when these services are more important and valuable than ever, they need greater support. Elimination of this option represents a fiscal gimmick that has long-term community health, mental health, and safety impacts.

3. Prioritize workforce support, including fair compensation, opportunity for training and development, and a high-quality work experience

Critical workforce shortages in the mental hygiene professions exist across New York State. The shortages contribute to higher costs to voluntary not-for-profit agencies and impede access to care. For decades, the dramatic shortage of licensed mental health practitioners has been “masked” by an exemption to the scope of practice for certain practitioners licensed under Art 163 of the Education Law. That exemption was address in Part Y of Chapter of the Laws of 2018 and is due to sunset permanently in June 2021.

The Legislature must act immediately to address a crisis that will ensue in June when the exemption permanently sunsets. The solution is a modernization to the scope of practice and standardization of the master’s level educational, clinical training, and licensing standards for licensed mental health counselors, licensed marriage and family therapists, and licensed psychoanalyst. There are currently more than 10,000 of these capable, trained, and licensed practitioners working up to their full scope of training in New York State.

This year’s executive budget also includes funding to defray the increase in minimum wage cost to not-for-profits in OMH, OASAS, and OPWDD. This is a long-term state commitment to increase the minimum wage statewide to \$15. It is regrettable however, that COLA funding for the undercompensated front line workforces—many of whom have not reached that level of compensation after years of work—is not included. The COVID-19 impact did not stop frontline heroes from leaving their homes for care for individuals in residential and community settings. We recommend support for these

heroes through the allocation of federal relief revenues or other funds including settlement funds or federal block grant sources.

Last year's #3-for-5 campaign was gaining traction until COVID hit. If New York receives \$15 billion from the federal government, then the Executive and the Legislature should work together to provide a long overdue increase of 3 percent a year for the next five years for the not-for-profit human services sector.

4. Support mental health education and services in school settings

We are very proud that New York is the first state in the nation to mandate the teaching of mental health in schools. Since implementation of the law, many strides have been made. Of greatest importance—and to the credit of schools—we see a much greater emphasis on changing school climates to make them more conducive to good mental health and wellness.

Given the importance of this legislation, we were very appreciative of the Assembly, and especially Assembly member Gunther, in helping to fund MHANYS School Mental Health Resource and Training Center. This funding has been used to hire staff to educate schools about mental health and to work with teachers, students, administrators, clinicians, and families to create mentally healthy school environments. We thank the Governor for his commitment as well by helping to fund the Resource and Training Center in this year's budget.

The New York State Office of Mental Health has been a strong leader, as has the State Education Department, in ensuring that information about mental health is shared with schools across the state. We also applaud OMH's initiative to encourage school-based mental health services to more than 800 schools across the state.

We are at a critical place however in that schools districts are closing newly expanded school-based services due to fiscal and space impacts of COVID-19. The impact of the mental health education legislation highlights a growing demand for children's mental services, and to meet the growing need and demand, we must:

- Accelerate and simplify the process for establishing mental health clinics.
- Encourage school districts to develop and implement creative approaches for services within the district.
- Share valuable resources.

One method to support the growth is to give OMH the authority and funds from settlement funding and/or federal relief to provide startup and wraparound grants to providers and school districts that allow for cross systems collaboration, joint training, and on-site consultation.

We need to continue the great work that New York has done in fighting for greater mental health in schools recognizing that we are the leaders in the nationwide process of change.

5. Invest in New York State's not-for-profit infrastructure to support vitality and the delivery of vital services

In that regard we commend the Governor for inclusion of funding and a regulatory framework to support **crisis stabilization centers**. The OMH and OASAS Commissioners can jointly license 26 crisis stabilization centers for adults and youth statewide. The centers shall provide emergency services for those with mental health issues or substance use disorders. The centers will include the ability to provide

engagement, observation, detoxification, telemedicine, peer support, medication assistance therapy, and therapeutic interventions. We strongly support this proposal.

Due to the innovation of telemental health services and the responsiveness of providers, we encourage the Legislature to negotiate the provisions of the Governor's **telehealth reform** proposal (Part F of the HMH Article VII A.3007/S2507) to **specify children's telemental health opportunities include family and youth peers** and ensure that there is **no savings associate with Medicaid rates that differentiate between telemental health delivery or face-to-face mental health service delivery.**

We urge that the final budget agreement state that the Commissioner promulgate regulations that authorize the use of telemental health delivery for licensed practitioners, family and youth peers, and other staff employed by Office of Mental Health licensed, funded, and designated programs.

6. Approve creation of the Office of Addiction and Mental Health Services

To better serve people with addiction and mental illness, the Executive Budget integrates the Office of Addiction Services and Supports and the Office of Mental Health into a new Office of Addiction and Mental Health Services. This continues the collaborative work OASAS and OMH have undertaken over the past 8 years to better coordinate and ensure access to care for individuals served, including establishing integrated outpatient programs; establishing DSRIP projects focused on integrating care; and including screening requirements in all settings to ensure addiction and mental health needs are identified and treated or referred for treatment.

To support the integration and implementation processes, we recommend that the Commissioner have authority and flexibility to directly manage the federal and state

funding. In order to strengthen the proposed reconfiguration of OMH and OASAS and to ensure maximum flexibility and ensure all the tools necessary for a successful transition are available, we recommend that the oversight and authority related to Medical Assistance spending on OMH and OASAS service return to the new agency.

7. Limit access to legalized marijuana for individuals younger than age 26

Marijuana use in individuals younger than age 26 can lead to long-term consequences. Marijuana, or cannabis, is the most commonly used illicit drug in the United States. It acts by binding to cannabinoid receptors in the brain to produce a variety of effects, including euphoria, intoxication, and memory and motor impairments. These same cannabinoid receptors are also critical for brain development. They are part of the endocannabinoid system, which impacts the formation of brain circuits important for decision making, mood, and responding to stress.

Marijuana has changed over time. The marijuana available today is much stronger than previous versions. The THC concentration in commonly cultivated marijuana plants has increased threefold between 1995 and 2014 (4 percent and 12 percent, respectively). Marijuana available in dispensaries in some states has average concentrations of THC between 17.7 percent and 23.2 percent. Concentrated products, commonly known as dabs or waxes, are far more widely available to recreational users today and may contain concentrations of THC between 23.7 percent and 75.9 percent.

The risks of physical dependence, addiction, and other negative consequences increase with exposure to high concentrations of THC and the younger the age of initiation. Based upon the scientific evidence and the common understanding of brain

development, we strongly urge that legalized marijuana be limited to individuals age 26 and older.

Conclusion

In closing, we urge the Legislature to negotiate a budget with the Governor that ensures that New York State remains committed to the programs that produce positive outcomes for children, individuals, and families; one that ultimately **saves the state money on more expensive interventions such as foster care, unnecessary medical care, homeless shelters, and the juvenile justice system.** We strongly encourage the Legislature to support the need of the not-for-profit human services sector. Failure to fund an increase for not-for-profit human services agencies will have a significant negative impact on the ability of individuals and families to receive services and ultimately on the physical, mental, and financial health of New York State as a whole.

Simply stated, we recommend investments in our vital not-for-profit human services organizations and communities that yield positive outcomes for all New Yorkers. We must make New York State a great place to live, a great place to raise a family, and a great place to operate a business.

Thank you for the opportunity to testify.