



February 14th, 2022

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

**National Alliance on Mental Illness of New York State
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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 Matthew Shapiro and I am the Director of Public Affairs for NAMI-NYS. NAMI-NYS is the New York state chapter of NAMI, the nation's largest grassroots organization in the country dedicated to improving the lives of individuals and families impacted by mental illness. 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 face mental health challenges. This hearing is especially timely as our society's collective mental health has been negatively impacted by COVID, the economic toll of the pandemic and social isolation practices.

New York cannot recover or begin to move forward from the events of the past two years without addressing the growing mental health crisis which has existed even prior to the onset of the pandemic, before it reaches catastrophic proportions. Today's hearing is of paramount importance; not only has COVID-19 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.

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.

I am happy to report that Governor Hochul has prioritized the need to act on New York's mental health crisis by proposing many positive investments in mental health that are desperately needed and long overdue. The fiscal year 2022-23 (FY 22-23) budget proposal is the strongest one we have seen in many years and we applaud and thank the Governor for her proactive initiatives to increase access to mental health supports and services. We urge the legislature to partner with Governor Hochul and ensure these much-needed advances are included in the final budget as well build on this strong proposal to deliver the type of services and supports New Yorkers need.

In terms of the budget NAMI-NYS has two main priorities, caring for those who care for us by supporting the behavioral health workforce and decriminalizing mental illness.

I want to begin by addressing the latter. Along with the basic need of readily available care and support, NAMI-NYS's other long-held leading priority is addressing one of the greatest social-justice issues of our time, the criminalization of mental illness. It is estimated that more than 60% of New York's incarcerated population has a diagnosable mental illness, substance-use issue or developmental disability. Jails and prisons have become the de-facto modern day asylums. Asylums did not provide appropriate mental health care and neither do jails and

prisons. New York must do better, and reforming the criminal justice-mental illness interface starts by ensuring that a mental health crisis is met with a mental health response.

The implementation of the 9-8-8 mental health crisis call line this July provides New York with a generational opportunity to reimagine crisis response and create a fully functional mental health crisis response system. 9-8-8 is more than a number; 9-8-8 will provide a diversion from the criminal justice system and a gateway to recovery, healing and hope.

In October, NAMI-NYS published, [*Meeting a Mental Health Crisis with a Mental Health Response-A Report by NAMI-NYS Detailing How to Maximize the Opportunities Associated with New York State Implementing a 988 Mental Health Crisis Number*](#), which provides a guideline on how to maximize 9-8-8's implementation by pairing it with increased mobile crisis units and the establishment of crisis stabilization centers, among other recommendations. First, I want to acknowledge the New York State Office of Mental Health (OMH) Commissioner, Dr. Ann Sullivan, and the OMH Crisis Services team who have been working for more than a year on how to maximize 9-8-8's implementation and who have embraced many of the recommendations in our report.

For the purpose of today's hearing, NAMI-NYS extends our deep appreciation to Governor Hochul for supporting OMH's efforts and truly prioritizing mental health crisis response in her budget proposal. NAMI-NYS applauds the Governor's proposal to provide \$35 million in FY 22-23, which will expand to \$60 million in FY 23-24 for 9-8-8.

Every penny of that investment is needed to implement NAMI-NYS and OMH's shared vision for 9-8-8. NAMI-NYS and OMH agree that to be successful and truly aid those it intends to help, then 9-8-8 must be appropriately funded in order to provide 24 hour statewide coverage, seven days a week, with all the services offered in-state and with the ability to provide local resources in a linguistically and culturally competent manner. There also must be funding to accommodate an appropriate workforce to create the necessary capacity to meet this need. Additionally, funding must be available to educate the public on the difference between 9-8-8 and 9-1-1. Governor Hochul's funding proposal will meet these needs and we urge the legislature to support this transformative investment.

NAMI-NYS also commends Governor Hochul and OMH for pairing 9-8-8 with a significant investment in crisis stabilization centers. In last year's testimony we explained why these were necessary and NAMI-NYS fully supports the proposed investment of more than \$100 million over the next five years for 12 new Intensive Crisis Stabilization Centers across the State that will provide immediate care for people who are experiencing a behavioral health crisis. The crisis stabilization centers will provide a much needed treatment appropriate and cost-effective alternative to the two options currently most utilized for people experiencing a behavioral health crisis, police departments and hospital emergency rooms.

These two investments will make New York a national leader and a beacon of hope on this critical issue, but more importantly creating a mental health crisis response system will lead to improved and timely care, prevent unjust entry into the criminal justice system and save lives. NAMI-NYS urges the legislature to partner with us, Governor Hochul and OMH to provide New Yorkers a true mental health response to a mental health crisis.

It is impossible to deliver on the promises of 9-8-8 and crisis stabilization centers or provide the full gamut of necessary behavioral health services without a fully funded behavioral health workforce. The behavioral health workforce is the foundation that support services are built upon and New York cannot build the type of system of care NAMI-NYS wants to see on a broken foundation.

NAMI-NYS again applauds Governor Hochul for aiming to care for those who care for us and our loved ones by including the funding for a 5.4% cost of living adjustment (COLA) for the dedicated workforce who help so many achieve recovery, but more needs to be done to get behavioral health services to the appropriate levels to meet the increasing demand.

It's important to note that New Yorkers lack appropriate access to mental health and substance use disorder (SUD) care today because the State has repeatedly failed to provide adequate funding for these essential services in the past. For more than a decade, the Administration reneged on an over \$700 million commitment that was due to support the mental health and substance use disorder provider systems of care.

We are pleased with the many priorities Governor Hochul has included in her FY 22-23 proposed Budget for mental health and substance use disorder services. We ask that they remain in the enacted budget. While a priority area such as the 5.4% Cost-of-Living-Adjustment is critically important and long overdue, it is insufficient to meet the current crisis. Below are additional items that we respectfully request the Legislature's support for New York's Behavioral Health system.

5.4% COST-OF-LIVING-ADJUSTMENT (COLA) MUST BE ENACTED TO INCLUDE THE FOLLOWING RECOMMENDATIONS:

In 2006, a law was enacted to provide a statutory COLA for human service providers (Chapter 57 of the Laws of 2006), including behavioral health providers. The COLA for each fiscal year is to be based upon the previous July's annual Consumer Price Index - Urban (CPI-U). While the original law has been extended for every year through this current fiscal year, unfortunately, most years since 2006, COLAs were not included in the state budgets. This resulted in a cumulative, compounded financial deficit of approximately 30% to providers.

WE REQUEST THAT THE LEGISLATURE INCLUDE THESE NEW REQUESTS IN THE FINAL ENACTED SFY 2023 BUDGET:

1. Amend the Governor's proposed 5.4% COLA language to include Health Home Care Management (HHCM) in the Part DD Amendment.
2. Amend the Governor's proposed 5.4% COLA language to include the Office of Temporary and Disability Assistance (OTDA) NYS Supportive Housing Program in the Part DD Amendment.
3. Remove the "sunset" provision in the Part DD Amendment as included in the Executive's proposed SFY budget and include HHCM and OTDA Supportive Housing, to help ensure that COLAs will be included in all future budgets.

THE LEGISLATURE MUST INVEST \$500 MILLION TO:

1. **SUPPORT RATE INCREASES FOR LICENSED AND UNLICENSED BEHAVIORAL HEALTH SERVICES AND PROGRAMS**
 - Focus on building a sustainable workforce through investments in all adult and children licensed and unlicensed behavioral health programs.
 - Address the access to care crisis caused by an approximate 25% staff vacancy rate across all our adult housing, children's residential, crisis residential, clinics, care management, outpatient and residential SUD treatment, peer, and other community-based and behavioral health care services.
 - Implement rate adjustments that will begin to address the significant disparity between cost of care and current reimbursement of the same.
2. **BUILD THE JOB PIPELINE AND RESUSCITATE THE BEHAVIORAL HEALTH WORKFORCE**
 - Tuition Reimbursement: Full scholarships available to individuals at SUNY and CUNY schools who commit to working in the public mental health and substance use field for five years following graduation.
 - Loan Forgiveness: Loan repayments to staff working in eligible programs as determined by underserved populations. A partial loan payment should be provided at the end of each year of eligible service.
 - Ensure that behavioral health programs are included in the proposed Nurses Across New York Program.
 - Establish an academic fellowship in Addiction medicine in each of New York State's public medical schools.
 - Support Internships and Field Placement Stipends: Field experiences and internships are expected to contribute to the mastery of behavioral health competencies, with a focus on balancing the educational and practice needs of the student with the needs of the community. Funding is needed to attract students to the field by offering stipends while they are learning the skills needed for their career.
 - Heal the Healers: Ensure the development of broad-based wellness programs for all employees of behavioral health care providers through direct funds and tax credits for employers.
3. **INVEST IN DIVERSITY, EQUITY & INCLUSION**

The behavioral health workforce is diverse and, consequently, has been disproportionately impacted by racial and social justice inequities. While raising salaries

and providing funding for education will help to sustain our diverse the workforce, additional targeted actions must be taken.

- Targeted scholarships for BIPOC
- BIPOC Leadership Development program
- Conscious and unconscious bias training in the workplace

4. BUILD CAREER LADDERS FOR ADULT, YOUTH AND FAMILY PEERS

Investments must be made to develop career pathways for adult and youth peers, and families.

- Peers (people with lived experience and training) are a critical part of the behavioral health workforce. However, peers are often unable to move up in agencies or to access non-peer positions.
- We must make investments to develop career pathways for adult, youth and family peers that recognize the critical personal experience they bring to complement traditional clinical approaches. Families and caregivers with lived experience also provide unique expertise in navigating the behavioral health system and with addressing the needs of their loved ones.

5. ESTABLISH A REFUNDABLE PERSONAL INCOME TAX CREDIT FOR DIRECT CARE/SUPPORT WORKERS IN THE OMH, OASAS AND OPWDD SYSTEMS

- To recognize the vital work that our mental health and substance use treatment disorder Direct Care Workers and I/DD Direct Support Professionals perform on a daily basis to support individuals with disabilities and behavioral health challenges to live enriched, fulfilling and safe lives, we are asking that the legislature include language to establish a Refundable Personal Income Tax Credit for Direct Support Professionals in the OMH, OASAS and OPWDD systems.
- This proposal would be a well-earned recognition of their work and provide crucial recruitment and retention incentives to curb the workforce crisis by adding up to \$5,000 to direct care worker and direct support worker salaries.

6. SUPPORT HMH, ARTICLE VII, PART P THAT WOULD REQUIRE NEW YORK STATE TO USE A COMPETITIVE BID PROCESS WHEN IDENTIFYING MANAGED CARE ORGANIZATIONS (MCOS) TO PARTICIPATE IN THE ADMINISTRATION OF BEHAVIORAL HEALTH SERVICES CARVED INTO MEDICAID MANAGED CARE

- Behavioral health benefits for Medicaid recipients with serious mental health and/or substance use conditions have been carved into Medicaid managed care since 2015. During this time, many Managed Care Organizations (MCOs) have proven to be unfit to manage these benefits.
- The state has issued over 150 citations to MCOs that manage behavioral health benefits for a variety of deficiencies including failure to comply with federal and state

parity laws, and inappropriate claims denials. New Yorkers with behavioral health conditions deserve more!

- Use of a competitive procurement process will have the effect of forcing interested vendors to intensify their commitments and increase their quality outcomes so they can continue to manage these benefits.
- New York should utilize a competitive procurement process to identify MCOs and require these companies to re-bid for inclusion on a regular basis. Participation in our carve-in is a privilege, not an entitlement.

7. SUPPORT THE EXPANSION OF CHILD HEALTH PLUS (CHP) TO INCLUDE BEHAVIORAL HEALTH

For many young people, mental health and substance use concerns arise at a young age. This has expanded exponentially since the start of the pandemic.

- Support the expansion of behavioral health services under the state's Child Health Plus (CHP) insurance plan for children and families.
- Support the alignment of Child Health Plus benefits with other Medicaid benefits.

Let me state again, that NAMI-NYS represents individuals and families impacted by mental illness. We do not provide the type of services we are advocating for and our only gain is the sustained recovery of both ourselves and the loved ones we represent. 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.

While there is clearly work to be done to fully meet the ever growing demand for behavioral health services. There is still much to celebrate and NAMI-NYS want to highlight the other investments we support in the Governor's proposal.

For years, NAMI-NYS has testified before you to plead for support of mental health housing and community residency programs. Having a safe place to call home is critical to everyone's overall wellness and these housing programs, which also provide wrap-around support services, are critical drivers of recovery. These beneficial life-saving and life-changing programs have been flat-funded since the early 1990s, and due to rates of inflation over that time, they are currently operating at 43% of where they should be. What type of business can be expected to be fully successful under such parameters?

NAMI-NYS again applauds Governor Hochul for taking action to support these drivers of recovery by proposing more than \$100 million across the next two fiscal years for mental health housing programs. We urge the legislature to support these proposed investments.

NAMI-NYS is also supportive of the other measures in the Governor's budget that aim to enhance suicide prevention, especially for youth and families. This includes an investment of

\$10 million to fund then expansion of the HomeBased Crisis Intervention (HBCI) program and the establishment of a Mental Wellness Community Workforce.

Meeting the mental health needs of children is critical, as the events of the past two years have certainly impacted children much differently and potentially severely than adults. Adverse Childhood Experiences (ACEs) can have a long-lasting effect on both a child's mental and physical health, which is why it is crucial that children receive the care they need as soon as possible to prevent what can be a lifetime of ill health. This is why NAMI-NYS is encouraged that the budget bolsters mental health services for children and families by continuing to integrate behavioral health services into pediatric primary care visits through the HealthySteps program, investing an additional \$7.5 million in Residential Treatment Facilities (RTFs) for children, and continuing expansion of other children's community mental health services.

Addressing the mental health needs of our veterans and military family members is also a leading priority for NAMI-NYS and we have long been proponents of the Joseph P. Dwyer Veteran Peer Support Program. NAMI-NYS is extremely grateful to the legislature for consistently fighting for the program which had never been included in a Governor's budget proposal. We were thrilled to see funding for the program finally make it into an Executive Budget Proposal and to see a record funding amount of \$7.7 million proposed. NAMI-NYS strongly supports this proposal.

Finally, section MM of the Health and Mental Hygiene Article VII bill would amend Kendra's Law, New York State's Assisted Outpatient Treatment (AOT) law. There is a great deal of misunderstanding about Kendra's Law and AOT, which has led New York State to conduct many studies to measure the effectiveness of the program. The studies consistently conclude that AOT has reduced hospitalizations, homelessness, incarceration and suicide. AOT has saved countless lives and helped put many New Yorkers on the road to recovery. NAMI-NYS has many members who have said that AOT saved their lives. This is why we support the amendments proposed in section MM.

In conclusion, New York has an historic opportunity to properly address our mental health. Governor Hochul's budget proposal for mental hygiene would make tremendous inroads in increasing access to care and decriminalizing mental illness. The Governor's proposals provide a true direction towards the road to recovery. Now we ask you to build on the Governor's proposal and help to properly pave this road to recovery. In doing so together, we will greatly improve New York's mental health. For the first time in my fourteen years at NAMI-NYS I can say that I find true hope in an Executive Budget proposal. Now, it is up to you to make this hope a reality. As we often say at NAMI, hope starts with you.

Thank you.