



**February 16th, 2023**

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

**National Alliance on Mental Illness of New York State  
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**Testimony delivered by: Sharon Horton**

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 Sharon Horton and I am the Interim Executive Director 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. While I am new in my role at NAMI-NYS, I am not new to the struggles New York families have traditionally faced accessing mental health services as I am the mother of an adult son living with a serious mental illness.

While this is the first time I have had the privilege to testify before you, NAMI-NYS has long testified before this hearing to detail the struggles New York families like mine face in accessing mental health supports and services and explain the numerous negative outcomes that have been generated by decades of grossly underfunding our state's mental health system. Unfortunately, my son has experienced too many of these negative outcomes, that have not only impacted him but our whole family.

NAMI-NYS has consistently advocated that services be available to all New Yorkers no matter where they may lay on the very broad spectrum of psychiatric disorders and how to meet this wide gamut of needs, investments must be made in both in-patient and community based services. NAMI-NYS continually warned of the dangers of an adopted state practice that cut hospital beds and used a portion of those savings to invest in community services. We explained how despite the fact that investments in the community were needed, this practice decreased access for the most vulnerable New Yorkers. For years, NAMI-NYS has made the argument that when it comes to mental health, New York has been too focused on dividing up a pie that was way too small to begin with, when what is really needed was a bigger pie. For decades, our pleas to make significant investments in the mental health system and the need for a continuum of care fell on deaf ears at the Executive level.

Today, I am delighted to say that our message is could not be more different. For the first time since NAMI-NYS has testified before this hearing, we have a Governor who has made mental health a true priority in their budget proposal. NAMI-NYS is beyond grateful to Governor

Hochul's commitment to fixing what has long been a fractured system. Governor Hochul's proposed billion dollars in investment are desperately needed and will advance measures that align with NAMI-NYS's leading advocacy priority; the need to expand access to mental health supports, services and therapies.

Governor Hochul's plan adopts policy recommendations that NAMI-NYS has been making for years (including in this hearing) as it boldly aims to increase access for all of those across the broad spectrum of psychiatric disorders by funding both in-patient and community based services, including mental health housing programs. We are also encouraged to see the Governor aim to improve hospital admission and discharge practices which NAMI-NYS have long been critical of, as well as addressing the lack of insurance parity which keeps people from accessing services. The plan also makes significant investments in our greatest resource, New York's children, as the plan aims to meet the needs of a generation of children who have had to face numerous traumas and challenges to their mental wellbeing.

Governor Hochul's plan deserves the utmost praise for both aiming to address the many fissures in the current mental health system as well as introducing innovative new initiatives aimed to transform the system in order to increase access for New Yorkers in all corners of the state, including inner-urban and rural communities which traditionally have the least amount of access to mental health services.

NAMI-NYS firmly believes that Governor Hochul has produced a clear roadmap to increased access and we highly encourage the Legislature to follow the Governor's lead and join her in paving this new road to recovery.

As detailed above, one of the greatest causalities of the decades of underfunding has been the alarming decrease in psychiatric hospital beds. NAMI-NYS has consistently argued that there is a severe lack of psychiatric hospital beds available in New York. While NAMI-NYS knows these beds are needed, we want to clarify that we do not want to return to the over utilization of hospitals or asylums as we've seen in the past, and that hospitals are not designed to be long-term options. The hospital beds are a vital service that must be available to help the recovery of New Yorkers who need the type of intensive care that only a hospital can provide. NAMI-NYS views hospitals as a needed element in a continuum of care and vital to recovery.

Despite the important and irreplaceable role psychiatric hospital services play in recovery, both the state and the private hospital system have sought to reduce these valuable drivers of recovery. Between the state-generated reduction of beds from the New York State Office of Mental Health (OMH) system and the COVID outbreak providing an opportunity for private hospitals to take psychiatric beds offline, New York has gone from 9,320 total psychiatric beds in 2014 to 7,471 in 2022, a total reduction of 1849 beds.<sup>1</sup>

This reduction in beds has had a tremendous negative impact on both individuals and families. A key component to recovery is the ability to access psychiatric services as quickly as possible. This is especially true, when one's condition is serious enough to require hospitalization. NAMI-NYS constantly hears stories from our members who literally have to wait days in a hospital emergency room before accessing a psych bed. Many times, once a bed is available, that bed is located in another part of the state (often times more than a 100 miles and several hours away), thus separating an individual from their loved ones, support network and local services. The lack of beds has clearly been an impediment to recovery for too many.

NAMI-NYS lauds Governor Hochul for standing up to this dangerous trend. Last year, NAMI-NYS celebrated the Governor's investment of \$27.5 million to increase Medicaid reimbursement rates for psychiatric beds. We further rejoiced in seeing Governor Hochul broaden that commitment in the current budget proposal and her intention to return 1000 psychiatric beds. NAMI-NYS applauds Governor Hochul for acknowledging New York's long-standing responsibility in bed reductions and her commitment to returning 150 beds to the state system as well as her holding private hospitals accountable for their role in reducing beds. NAMI-NYS commends the Governor's bold intention of fining hospitals who have eliminated hospitals \$2000 a day for the failure to return the beds. I have no doubts the legislature will be hearing complaints from the hospitals about this, let me assure you that hospitals bear a great deal of responsibility for this crisis and as New York State aims to correct their past mistakes, it is imperative that private hospitals be held to this same standard.

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<sup>1</sup> New York State 2023 State of the State Briefing Book page 53

As mentioned earlier, NAMI-NYS has long been critical of hospital admission practices that fail to look at each person as an individual and seek to limit insights from family members or first responders who bring the person to the hospital, as well as hospital discharge practices that fail to connect people with local services and provide resources for both individuals and families on how to sustain recovery outside of the hospital settings. These incomplete practices present barriers to person-centered care, limit family engagement and prevent a smooth transition to community-based services.

NAMI-NYS has long argued that we must improve hospital admission and discharge planning for those with psychiatric issues. In 2019, NAMI-NYS introduced a proposed [Nicole's Law](#), which would address admission and discharge planning for those who entered a hospital due to a self-inflicted life-threatening incident (such as a suicide attempt, an overdose or self-harm). One of the other goals of Nicole's Law was to keep hospitals accountable for not providing person-centered care and connecting people to community-based services to continue their recovery. Again, NAMI-NYS applauds Governor Hochul for sharing our belief in the need for improved planning and accountability that is necessary to create a continuum of care. We also applaud her efforts to take the idea behind Nicole's Law and expand it to cover all people whose psychiatric illness requires hospitalization, not just those who entered the hospital due to a self-inflicted, life-threatening injury.

NAMI-NYS is very encouraged by the outline of the Governor's plan to address these issues. The time is now to introduce new "comprehensive standards for evaluation" and NAMI-NYS will be offering our recommendations to OMH on what we believe should be included. We are also encouraged about the creation of Critical Time Intervention (CTI) Care Coordination Teams and the proposed \$13.7 million in the OMH budget designated for their creation. Their ability to connect people to community services is truly needed and will help ensure people do not fall through the cracks.

Once again, I am confident the legislature will hear negative feedback from hospitals on this measure and again I assure you that these reforms are desperately needed. The lack of adequate admission and discharge planning along with the failure to provide person-centered care (and often times repeating therapies and practice that have previously not worked for the individual) is hindering recovery for many New Yorkers. It is critical that we look at the whole story when

admitting someone to the hospital, that the individual receives person-centered care while in the hospital and that they are connected to community-based services upon discharge.

NAMI-NYS knows that recovery happens best in the community. This is why it is essential that New York ensures the availability of a broad range of community-based services. NAMI-NYS is extremely encouraged to finally see substantial investments in both inpatient and community-based services. NAMI-NYS is encouraged to see investments in the Governor's proposal to fund a wide-array of community services that are both mobile and stationary.

NAMI-NYS has long advocated for increased comprehensive emergency programs which prevent the over utilization of hospital emergency rooms which are not designed to effectively meet the needs of those with psychiatric emergencies. NAMI-NYS supports the \$12 million investment, which will increase these programs by 20%. Expanding these programs, coupled with the development of crisis stabilization centers, will provide improved care for those in a psychiatric emergency. It also provides police and first responders a more appropriate option than emergency rooms or police departments when needing to remove someone from their home due to a psychiatric crisis.

Providing person-centered care and "meeting people where they are" are key components of successful community-based care for those with more serious mental illness. Assertive Community Treatment (ACT) teams provide this necessary type of care and are an integral recovery tool. NAMI-NYS applauds the proposed \$13.9 million in the OMH budget for the expansion of 42 new ACT teams across the state.

NAMI-NYS has also been a big proponent of CCBHCs as they provide an invaluable life-line to integrated behavioral health services. Seeing the tripling of these programs from 13 to 39 is very encouraging.

NAMI-NYS has long called for a mental health response to a mental health crisis. A major element of this is having mental health professionals (including trained peers) instead of police respond to someone in a mental health crisis whenever appropriate and possible, however we understand there will be times when police response is necessary. This is why we have partnered

with police departments across the state to train them on how to best respond to a mental health crisis situation. In addressing the issues of the homeless population in the New York City transit system (many of whom have a mental illness) NAMI-NYS has advocated for the utilization of mobile mental health response teams (similar to the [CAHOOTS program](#)), to roam the subways and offer help to those in need.

While the Safe Options Support (SOS) Teams proposed by Governor Hochul and NYC Mayor Adams do include mental health professionals, the teams also include police, which has raised concern for many, including NAMI-NYS. While NAMI-NYS views police as part of the solution, the evidence has shown that mixed response teams generally are not as effective as a mental health team.

Expanding Health Home Plus and Article 31 clinics are also positive developments aimed to expand access.

While NAMI-NYS is enthused by such a broad spectrum of investments, it is impossible to discuss community-based services without acknowledging the one missing piece of the administration's budget proposal: the need to address the mental health workforce; who serves as the foundation of access. The success of any community-based initiative is predicated on having a fully functional behavioral health workforce. Unfortunately, the budget's proposal of a 2.5% COLA for the workforce falls way short of the 8.5% COLA which is desperately needed to stabilize a workforce that been stretched to the brinks of collapse. The bold initiatives the Governor has introduced simply cannot be successful without a workforce to implement these programs. Investing in programs without investing in the workforce is putting the cart before the horse and leaves the success of these programs in question.

This is a critical issue and the main missing component needed to complete the Governor's vision of a functional mental health system offering a continuum of care. While it is very exciting to see Governor Hochul's transformative vision and the introduction of innovative new initiatives, it is imperative that New York takes care of the current workforce. We need to care for those who for decades have worked tirelessly to provide care and serve as the bridges

covering the many vast fractures created by decades of underfunding. The workforce has proved to be both dedicated and caring but they can only bear the load for so long.

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 in the many communities that do not have an adequate workforce to offer services.

A community-based service that has always been a leading priority for NAMI-NYS is mental health housing programs which offer wrap-around support services. These programs play an important role in both advancing recovery and helping guide people towards independence. The growing attention to the homeless community (especially in New York City) has highlighted the need, to not only provide housing, but to give people the supports they need to recover successfully, live independently, and avoid negative outcomes such as homelessness and entry into the criminal justice system.

We applaud Governor Hochul for making a massive capital investment — along with providing the necessary operating funds — to establish and operate 3,500 new residential units for New Yorkers with mental illness.

Specifically, the Governor's plan will create:

- 500 Community Residence-Single Room Occupancy (CR-SRO) units, which provide housing and intensive services to individuals with serious mental illness who are at the highest risk of homelessness.
- 900 transitional step down units — a new, medium-length stay model — which help individuals transition from various levels of care to community-based living.
- 600 Licensed Apartment units, which serve individuals who require an intermediate level of services to be able to live in the community, but do not require 24/7 staffing and support.



- 1,500 Supportive Housing units, which serve individuals with a serious mental illness who have less acute needs but still require support to live in the community. Half of these would be scattered-site, rental units which can be opened quickly, while the other half would be new construction or renovated facilities completed over the next five years.

Another element of the proposal is Governor Hochul providing new budgetary authority for OMH residential capital.

First, the last part about providing OMH with authority for residential capital is critically important and will help ensure the establishment of the type of housing programs with recovery supports that NAMI-NYS wants to see. NAMI-NYS has advocated for this change for many years and cannot understate its importance.

Along with this crucial change, NAMI-NYS is extremely encouraged to see both the amount and range of new programs being suggested. Both the quantity and quality of these programs are desperately needed and this represents the most significant investment in these invaluable programs in decades.

Again, I want to state that the state cannot fund housing programs and expect them to be successful, without also supporting the workforce that execute these programs and NAMI-NYS recommends an 8.5% COLA for the workforce.

Along with the ability to access services, another aspect that provides a barrier to recovery is one's ability to pay for mental health services and/or having these services covered by insurance plans. NAMI-NYS has long fought for access by challenging insurance practices which fail to provide open-access, delay access or fail to adhere to mental health parity. To ensure a mentally healthy New York State, it is imperative that psychiatric issues are seen as physical issues and are covered by insurance.

Again, NAMI-NYS praises Governor Hochul for her efforts to remove this barrier to recovery by advancing legislation to close critical gaps in coverage for mental health services. Governor Hochul's plan will prohibit insurance companies from denying access to medically necessary, high-need, acute, and crisis mental health services for both adults and children. To improve the well-being and success of individuals once they leave hospitals or emergency departments,

Governor Hochul is proposing to expand commercial and Medicaid coverage of mental health services. This includes:

- Advancing legislation to close gaps in coverage for behavioral health services to improve the well-being and success of individuals once they leave hospitals or emergency departments.
- Advancing legislation to prohibit insurance companies from denying access to medically necessary, high-need, acute, and crisis mental health services for both adults and children.
- Adopting appointment availability and geographic accessibility standards for behavioral health services.
- Ensuring payment parity for behavioral health telehealth services.

New York State has a proud tradition of fighting for mental health insurance parity and we are grateful to Governor Hochul continuing this effort as these are encouraging steps to advance this much-needed component of recovery. We urge the legislature to join the Governor in advancing efforts to strengthen insurance parity for psychiatric services and medications.

One other element to ensuring people living with a mental illness receive the medicine their doctor believes is best to advance their individual recovery in as timely a manner as possible is ensuring that prescriber-prevail language for the state Medicaid program is in the final budget. The legislature has always been our champion to have the crucial element included in the final budget.

Ensuring our society's mental wellness begins with making sure children's mental health needs are met and they are provided the tools they need to understand and address their mental health. While the past few years have negatively impacted our collective mental health as a whole, these issues have impacted children in a more severe way and there has never been a more critical time to ensure we are meeting the mental health needs of New York's children. Complicated with the need to address children's mental health, is the extreme difficulty of accessing pediatric psychiatric care.

NAMI-NYS approves Governor Hochul's proposals to broaden mental health services in schools by:

- Ensuring school-based mental health services are more accessible for youth with commercial insurance (provided by a private insurance company) by requiring reimbursement equivalent to Medicaid.
- Increasing Medicaid rates for Article 31 school-based satellite clinics.
- Increasing Medicaid rates for school-based wraparound services.
- Investing in annual school-based partnership and capacity grants, to provide the start-up funding to get these expanded school-based services off the ground quickly.

Along with ensuring access to mental health supports, services and therapies, NAMI-NYS other leading advocacy priority is addressing one of the greatest social justice issues of our time and one the biggest consequences of the decades of neglect of our mental health system, the criminalization of mental illness and the over representation of those living with a mental illness in the critical justice system. Addressing this starts by ensuring that a mental health crisis is met with a mental health response.

New York State is a national leader in this area. In July the state implemented our 988 Mental Health Crisis Line. NAMI-NYS shared the New York State 988 bill with the policy experts at NAMI's national office and they were incredibly impressed with the bill language. NAMI particularly mentioned how strong the definitions and operating requirements for 988 call centers and response services are, as well as the reporting metrics. They stated New York's reporting metrics are the most specific they have seen in statute. They also informed us that the emphasis on tracking demographics for each encounter will be key to ensuring all New Yorkers will receive an equitable response.

The program has been a great success. NAMI-NYS is thrilled that the FY 23-24 budget contains our recommended budget amount of \$60 million for 988. However, NAMI-NYS wants to ensure that 988 is properly funded beyond 2024. NAMI-NYS does recommend a fee structure on telecommunication services to sustain funding for 988.

We also want to applaud the Governor and OMH for pairing 9-8-8 with a significant investments in mobile crisis response teams, crisis stabilization centers and CCBHCs all of which are designed to provide a proper mental health response to mental health crisis situations.

Crisis Interventions Teams among police are also a major piece to reforming the interface between people living with a mental illness and law enforcement. The program is designed to provide police and first responders with the tools to improve communication among people who are experiencing a mental health crisis in order to achieve positive outcomes. NAMI-NYS is pleased to see \$2 million for CIT in the budget. However, we also want to state our strong recommendation that a significant portion of that funding go to the Institute for Police, Mental Health and Community Collaboration, the OMH initiative that oversees New York's sequential mapping and oversight of CIT programs throughout the state. Despite the important work the Institute conducts and the leadership it provides, payments that have traditionally been earmarked for the Institute have failed to be released with the Assembly holding on to those intended funds. It is absolutely imperative that this designated funding makes its way to the Institute so they can conduct their valuable work.

In conclusion, Governor Hochul's budget proposal provides New York with an historic opportunity to begin to reverse years of neglect, make mental health a true state priority and provide New Yorkers with a system offering a continuum of care. This is an occasion NAMI-NYS has been working to create for decades and we beg of the legislature to make the most of the landmark opportunity we have before us. The Governor's budget proposal for mental hygiene will make tremendous inroads in increasing access to care and decriminalizing mental illness. The Governor's proposals provide a true direction towards recovery and I urge the Legislature to follow her lead. For the first time in delivering testimony NAMI-NYS can say that we finally 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.