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Testimony to

New York State Assembly Ways and Means Committee  
and New York State Finance Committee

Budget Hearing on Mental Hygiene

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## **Introduction**

Thank you to the Finance Committee and Ways and Means Committee for the opportunity to speak about the mental health budget. Special thanks to our mental health chairs, Assemblymember Gunther and Senator Brouk for their leadership and support of our issues.

My name is Glenn Liebman and I am the long time CEO of the Mental Health Association in New York State (MHANYS). Our organization is comprised of 26 affiliates in 52 counties. Most of our members provide community based mental health services but we also advocate for public mental health and for education and trainings of the entire community.

### **I) Workforce Crisis**

Our members are all different in what they offer and in their size but one area we all agree on is that we are in a mental health workforce crisis. That actually understates our problem---we are in a workforce tsunami.

For many years, we have waited for a Governor to say, “Mental Health is the Defining Challenge of Our Time’ Governor Hochul has made mental health a priority and it means a great deal to our community who have long advocated for resources. We will have new and enhanced services that are designed to keep people out of the emergency rooms, greater housing options, much needed funding for school based mental health services and other youth services and supports including teen mental health first aid.

There is so much there and it will help change lives in a meaningful way, but what has been left largely unaddressed----the mental health workforce. How can we fix our admittedly broken mental health system without the people to run these innovative programs?

We give Governor Hochul and the Legislature credit for supporting more funding for the COLA the past two years than any Governor combined in the last seventeen years, but after so much lack of attention the reality is it is not enough. Even the COLAs provided in the past two years total 4% less than the corresponding Consumer Price Index (CPI) for those years.

We have faced over seventeen years of neglect. Over this time period, we have received 34% less funding than we should have because the reality is that the COLA was “not withstood” almost every year in the budget. A decision was made up until the last few years that the money that should have gone to mental health and addiction services instead went to roads, bridges and other discretionary items in the budget.

Imagine if this over five hundred million dollars was in the budget every year---how many fewer deaths of despair through addiction disorder and suicide completion we would have, how many less people would be homeless and how many young men would not be incarcerated. It is sad and shameful.

But there are opportunities to remediate the past neglect. The first one is to make the COLA whole this year. The Consumer Price Index is 3.2%. The Governor has added 1.5% to the COLA for this year. We need an additional 1.7% to provide the mental health and human service workforce with a 3.2% COLA this year.

The second ask is also significant. We are urging the Legislature to work with the Executive to create \$500 million in community funding for mental health based on all the significant loss of funding over the years.

The reality is that the Governor has painted a great and thoughtful picture---we need to highlight workforce and community services to make this picture a reality.

### Recommendations

- 1) Add 1.7% to the COLA for human services to fund at 3.2% for COLA based on the CPI.
- 2) Provide \$500 million for community support services for additional workforce funding, housing, peer services, family engagement services, education, employment, crisis services, youth based mental health services, anti-stigma efforts and opportunities for a career pipeline in mental health.

## **II) Long Term Workforce Solutions**

We know that there have to be some long term solutions to the need for mental health services and supports. As necessary as a COLA is (and we will not stop fighting for one), there is also just as strong a need to create some long term planning for the mental health workforce.

### *Pipeline for Careers in Mental Health*

COVID dramatically changed the trajectory of mental health care in our country. So many young people were faced with depression, isolation, anxiety and fear. The number of young people facing a mental health crisis has more than doubled. The youth mental health crisis is pervasive.

At the same time, youth are not stigmatized by mental health issues as so many other people have been in the past. They are very open about talking about mental health challenges and they understand the importance of services and supports.

Why don't we take that enthusiasm and support for mental health and turn it into a career for young people?

We issued a report that we included in the testimony that highlights eight recommendations we have put forward in regard to pipeline projects to expand opportunities for careers in providing mental health services.

Among the highlights are:

The development of an OMH licensed credential program for paraprofessionals that includes career ladders. While OASAS has Credentialed Alcoholism and Substance Abuse Counselors (CASACS), OPWDD has Director Support Professionals (DSPs) and Nursing has Certified Nursing Assistants (CNA) mental health does not have any specific paraprofessional workforce titles.

Last year the proposed Executive Budget included a job title called a Qualified Mental Health Associate. Unfortunately, it did not make it through the budget process because it was opposed by several of the professional associations.

We are working with OMH to mitigate any concerns being brought up by the associations. The reason we are fighting so hard for this is because there are many young people still learning about career possibilities in mental health. We want to open the door for them whether they are BOCES students, high school graduates, community college graduates or college students.

The ability to garner experience and move up the career ladder through training and support will help enable careers in mental health services.

There are several other recommendations around PSA campaigns in high schools, Workforce Training Center for mental health, working with SUNY and CUNY around credentialing, micro credentialing class work and a mental health degree in community college.

## Recommendation

- 1) Utilize the eight recommendations in the MHANYS Report and craft bill language based on the report that would address pipeline support in mental health careers.

### *College Mental Health*

MHANYS has been providing mental health education in schools for many years. We worked with the Legislature to enact the first in the nation mental health mandate for instruction in school.

Now we are moving from K-12 to college students and their need for mental health services and supports in colleges.

We are facing an enormous crisis in mental health on college campuses. That is why we have worked with Assembly Chair Gunther around a bill A.6804A and Senator Brouk that calls for training of mental health education in colleges as well as for protocols to develop policies similar to the Yale settlement agreement. The Yale Settlement agreement was an agreement in Federal District Court that was a landmark in dealing with student accommodations for those with mental health needs including addressing urgent medical needs and return to schools after medical leave.

We also thank Assembly Higher Education Chair Fahy for her support of these issues.

In addition, we have developed a proposal that is an extension of our School Mental Health Resource and Training Center to add Colleges to this list.

We were recently asked how much it would cost for colleges to be informed about these proposed changes and what they can do to address the overwhelming mental health needs in college campuses. The answer is that it would cost nothing if our funding proposal was supported. The funding would address training needs and information about procedures that will create a well planned and executed college policy around working with students with serious mental health needs. If we can address the needs of college mental health then we will see an expansion of services in our field.

## Recommendations

- 1) Support the Amended Version of A.6804A , the college mental health bill.

- 2) Support the Proposed \$500,000 for the addition of a College Mental Health Center within MHANYS School Mental Health Resource and Training Center. This funding would be geared toward educating college students and faculties about mental health as well as helping provide guidance for working with students with mental health needs.

### *Retirement/Pension Plan for the Not-for-Profit Human Service Sector*

In 1920, Governor Al Smith created a pension plan and retirement system for State, County and City Workers. In more recent years, teachers, firefighters and police have had pension plans in place. It is certainly well deserved but the question we ask is why the 800,000 workers in the human service sector do not have a pension or retirement plan in place? We certainly do the work of government, as we work with people with complex needs, yet many of our workers are not paid a livable wage.

Workers go into the human services field because they want to make a difference in people's lives but then they get frustrated because their pay is so low. Mission-driven work does not put food on the table. The time is now to look into the development of a pension or retirement plan for the human services sector.

There is a bill introduced by Assemblymember Gunther **A.6839-A** that will create a study group to look into the cost of creating a pension plan for the not-for-profit human service workforce.

We recently sent out surveys to the human service workforce about the idea of a pension plan and their recommendations to stabilize and recruit and retain our workforce. We are working with Cornell University to produce a report based on the findings from the survey.

### Recommendation

- 1) Support **A.6839-A**, a study bill that would bring together the Comptrollers' Office, the New York State Department of Taxation and Finance Department and the New York State Department of Financial Services with consultation from relevant state agencies to cost out how much a retirement benefit would cost New York State, employees and employers and to make recommendations regarding pension or retirement options for community-based not-for-profit human services organizations that will help them recruit and retain a qualified workforce.

### **III) Behavioral Health Parity**

We strongly support Governor Hochul's budget proposal to allow for commercial rates for behavioral health services to be in parity with Medicaid rates. We also strongly support that health plans should be accountable for ensuring adequate services networks. As referenced in the Attorney General's report, too many people needing services have fallen through the cracks. People are calling when they have reached the depth of a crisis and have not gotten responses. There are few or no network providers that accept patients for behavioral health services, as documented in her report. That is unacceptable.

We understand that plans need to have all the information and tools in place from government but there is no excuse for someone in crisis not receiving immediate support and services.

We support the Governor's call for greater enforcement from the Department of Health and the Department of Financial Services. Each of these agencies understand the Non-Quantitative Treatment Limitations (NQTLs) that plans use as a rationale for not providing network compliance, prior authorization and medical necessity for individuals in desperate need.

In addition, we strongly support the Governor's call, as well as recently proposed regulations, as required by legislation that the Legislature passed last year, that an individual in need must have a response from a health plan within ten days to address their concern. This is incredibly significant and needs your support. Our loved ones should not have to spend weeks and sometimes even months without meeting with a provider of services.

#### Recommendations

- 1) Support the DOH and DFS network adequacy regulations and the call for a maximum of a ten-day window with which to arrange a meeting between an individual and the health plan.
- 2) Support greater enforcement tools from the Department of Health and the Division of Financial Services for health plans that are not in compliance with the Governor's proposed regulations.
- 3) Support requiring behavioral health rates for commercial plans to be in parity with Medicaid plans.
- 4) Convene a stakeholder meeting of health plans, advocates and State Government to help resolve issues moving forward.

#### **IV) Youth and Teen Mental Health Issues**

Governor Hochul and Commissioner Sullivan have done a very impressive job in raising awareness about youth mental health issues. This past June, the Governor held the first youth mental health forum in New York State dedicated specifically to the mental health crisis.

They recognize that we have a teen mental health crisis of enormous proportion. There are a lot of compelling statistics but the one that most stands out is that in 2021, more than one in five students seriously considered attempting suicide.

Think about that number---there are about 2.5 million students in New York State. That means based on the numbers that 50,000 students in K—12 seriously considered suicide completion. That is unfathomable. We must do something about this.

There are several initiatives embedded in the policy proposals for which we urge your support.

One of the most significant is the work being done on Youth and Teen Mental Health First Aid. Youth Mental Health First Aid is dedicated to training front facing youth organizations. Parents and educators about mental health so they have a basic understanding of the signs and symptoms of a youth in a mental health crisis and how they can respond non-judgmentally to that need. In addition, it dramatically reduces the stigma of a serious mental health issue.

Teen Mental Health First Aid is dedicated to teens in schools to help them in identifying, understanding and responding to signs of mental health and substance use challenges among their friends and peers.

We are very supportive of both these trainings and there are studies done as to how they greatly improve mental health support and resources among young people.

We are also very supportive of the Governor's call for School Based Mental Health Clinics in every school that would like one in place. Frankly, we believe if the financing is there as the Governor has supported, why every school in New York State would not want a clinic in place. Schools are not designed to be mental health facilities but they have to reflect the ongoing mental health needs of students.

The MHANYS School Mental Health Resource and Training Center has worked with schools to help them change school environments to make them have a greater understanding of mental health needs in schools but adding school based mental health clinics is responsive to those in greatest needs while easing the burden for overworked counselors and teachers.



## Recommendations

- 1) Support the initiatives in the budget that provide Youth and Teen Mental Health First Aid trainings. Ensure that the funding is utilized for this programming in agencies with experience and expertise in rolling out these trainings.
- 2) Support the Governor's initiative to provide funding and support for any school in New York State that wants a school based mental health clinic.

## **V) Criminal Justice Reforms**

We were very disappointed that the 1115 Waiver did not include the proposed inclusion of a thirty-day amendment that would provide incarcerated individuals with a mental health diagnosis within thirty days to help plan and support mental health services around discharge.

According to a Justice Department report from 2022, 43% of individuals released from prison are re-arrested within one year of release.

Providing mental health support including immediate links with mental health services, access to medications and immediate housing would stem that tide. We urge the State to work with the CMS to develop a waiver for New York State that is inclusive of planning release thirty days prior to discharge from prison.

We are also very supportive of Daniel's Law and we thank Senator Brouk for her leadership on that. We need funding for pilot programs that will respond to a crisis in the community through working with trained clinicians. There are a number of clinically proven models of engagement across the country, and we should be testing them while Daniel's Law legislation is being considered.

We are appreciative that the Governor is recognizing the work of those that save lives on a daily basis---our first responders. She has proposed adding two million dollars to the budget to support suicide prevention needs of first responders. We urge support for this initiative and to help look for innovative programs that address those in the front line every day that need their own self-care and support.

## Recommendations

- 1) Urge the New York State Department of Health to work with the Center for Medicare and Medicaid Services (CMS) to include a waiver that allows for a thirty-day period prior

to prison release to ensure appropriate discharge with immediate links to services, housing and access to medication.

- 2) Increase funding for Daniel's Law to ensure that there are additional demonstration programs in different regions of New York State that will help train and support mental health clinicians and peers to respond to crises in the community.
- 3) Support funding proposed in the budget for suicide prevention for first responders.

## **VI) Housing, Housing, Housing**

At the end of the day, it is always about housing. If you do the math, according to the New York State Office of Mental Health, there are about 900,000 people in our public mental health system yet, there are only about 50,000 units of housing.

Now New York provides more community beds than any State in the nation and under the leadership of Governor Hochul, the number is increasing but we need more beds and we need to modernize existing structures.

The reality is that there are too many people in our prisons, that are homeless, in our state facilities, in public hospitals, in adult homes, living on their own in substandard housing, in shelters, and living with aging parents. There needs to be even more housing for that population of people.

We support immediate action for housing.

### Recommendations

- 1) Continue and expand the existing pipeline for beds across our system of care.
- 2) Increase the level of staff in programs to alleviate the burden on existing staff including hiring of nurses, housekeeping and maintenance staff and creating additional counseling positions.
- 3) Utilize the recommendations of the MHANYS report for professionalizing staff including higher pay scale, professionalizing of staff and creating career ladders.

## **VII) Prescriber Prevails:**

There is great frustration when it comes to this issue. No matter who the Governor has been, they have proposed eliminating the Prescriber Prevails language in the Department of Health budget.

Every year, you as the Legislature, buys it back. We are very appreciative that you are so responsive to the needs of clients and good patient care.

Mental health medications are incredibly complex and work so differently for each individual. We think it is vital to continue to ensure that each individual's doctor in consultation with the individual make these important prescribing decisions. It makes no sense and we again strongly support you adding back prescriber prevails protections.

### Recommendation

- 1) Support adding back Prescriber Prevails Protections to the Health Budget.

## **VIII) Cuts to Adult Homes**

For many years, individuals with mental health issues discharged from State hospitals, public hospitals and the criminal justice system end up in adult homes.

These care settings for people with mental health issues often have been substandard and in some cases deplorable. Residents on SSI end up going to the home to pay for their care and their Personal Needs Allowance is only a few hundred dollars a month, leaving them with virtually no money to pay for clothes, air-conditioners and non-Medicaid transportation.

For over twenty years, the State Department of Health has provided a subsidy to adult home residents known as the Enhanced Quality of Adult Home Programs (EQUAL). This funding was driven by the recommendations of the Home's Residents Councils and provided needed clothing, air-conditioning, food upgrades, non-Medicaid transportation and recovery and peer services.

For some unknown reason, this lifeline for residents was proposed to be completely cut from the budget. This represents a \$6.5 million cut that makes no sense for the quality of life for adult home residents

Recommendation:

- 1) Restore the \$6.5 million cut to the EQUAL Program from the Department of Health Budget.

**IX) Children’s Health Home Case Management Cuts**

In this year’s executive budget, the Governor has proposed cutting \$125 million for Children’s Health Homes. This funding cut will impact case management services for over 30,000 children and their families. In the middle of a youth mental health crisis, cutting funding for care management for young people and their families makes no sense. This Health Home Case Management has helped young people avoid Emergency Room Visits, reduce 911 calls and ultimately keep young people in their communities where they can thrive and move forward with their lives.

Recommendation

- 1) Restore the \$125 million cut to Children’s Health Homes.

**VIII) 988 and Stabilization Centers**

Governor Hochul has been very supportive of 988 initiatives and creation of stabilization centers as places to go for individuals in crisis.

First with 988, there has been \$60 million in funding over the last two years to get the 988 line up and running. I know New York has a better track record than other States in ensuring that calls are being answered in the region where the individual is located. Most importantly numbers have increased as well which means 988 is getting out to the community. We need to continue this funding and provide PSA’s and other informational resources to get this number into the community.

The creation of stabilization centers (think of them as Urgent Care Centers for Behavioral Health) continues to be of great importance. Much like with urgent care centers, these centers will provide immediate and timely care to individuals in a mental health or addiction crisis. This is an idea whose time has come and the funding from the Governor, the Legislature and the Federal Government has been appreciated. The issue is that these models are expensive given the appropriate needs of clinical care necessary to run these centers.

## Recommendations

- 1) Develop a PSA for 988 and expand notification through working with other State agencies and the community to expand messaging.
- 2) Add additional funding to enhance the Stabilization Model to meet the needs of the individuals in crisis.