



NEW YORK STATE PUBLIC HEALTH ASSOCIATION

Envisioning Healthy People in Healthy Places

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

**Testimony Submitted on Behalf of the
Board of Directors and the Membership of the
New York State Public Health Association
(NYSPHA)**

by

**Brett Harris, DrPH
President, NYSPHA
Clinical Associate Professor,
University at Albany School of Public Health**

to

**The Joint Legislative Budget Hearing on Mental Hygiene
Monday, February 13, 2024**

It is my honor to provide testimony on the Mental Hygiene Budget for 2024 on behalf of the New York State Public Health Association (NYSPHA). NYSPHA is the New York State affiliate of the American Public Health Association (APHA) and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, professional development, and public health practice. **A primary goal of NYSPHA is to address the behavioral health needs of New Yorkers, as behavioral health is closely connected to physical health.**

With the opioid crisis continuing to impact our communities despite significant funding, it is imperative that we focus on prevention in the form of universal screening for alcohol and other substances in all medical settings in New York. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based model that identifies risk across a continuum and delivers brief intervention as needed to reduce risk before consequences become more severe. NYSPHA recommends that SBIRT be delivered to adolescents and adults in primary care, school-based health centers, emergency departments, hospitals, university health and counseling centers, and all other medical clinics in New York.

The New York State Office of Addiction Services and Supports (OASAS) has utilized very little state funding for SBIRT but is truly invested in this approach. In 2023 alone, OASAS delivered two SBIRT train-the-trainers to build training capacity and developed an SBIRT implementation manual to provide organizational guidance. However, they are concerned about how organizations will fare after training without additional oversight and support. **NYSPHA urges the state to fund OASAS to provide a dedicated team to oversee and support statewide SBIRT implementation.** This includes maintaining and supporting the SBIRT trainer network and delivering technical assistance to organizations and agencies to help them implement and sustain this evidence-based practice. In the end, it will be worth the cost, as studies have shown a cost savings of \$4 for every \$1 spent.

With suicide closely tied to opioid overdose, it is critical that screening and brief intervention for suicide risk be integrated into the SBIRT model, described above. Evidence-based practices in suicide care include screening using the Columbia-Suicide Severity Rating Scale (C-SSRS), brief intervention using the Stanley-Brown Safety Planning Intervention, and structured follow-up and monitoring. The state should put financial resources toward ensuring all medical and behavioral health providers have the skills and confidence to deliver SBIRT and suicide care interventions and that providers have ready access to promotional materials for the 988 Lifeline and NYS HOPEline to post in their offices and to share with patients.

To truly promote mental wellbeing among New Yorkers, the state must reach beyond medical settings into communities and support New York's local mental health infrastructure. At the core of this infrastructure are the Local Governmental Units (LGUs), led by the Directors of Community Services (DCS), who allocate state funding and oversee the substance use, mental health, and developmental disability initiatives within their counties. LGUs are on the front lines of many mental health issues, have been operating on shoestring budgets, and would benefit from additional support.

LGUs need increased funding for staff to support and maintain the essential services they provide their county residents. The LGUs stepped up during and in the wake of the COVID-19 pandemic to ensure their county residents were able to access essential mental health services. They instituted widespread use of telehealth and worked in creative ways to make contact with those who are socially isolated. They have been key communicators and trusted sources of information at the local level. They need additional funding to respond to the opioid crisis, mental health challenges, and increasing suicide rates.

Rural LGUs are in need of additional support considering the disproportionate risk of opioid overdose and suicide and limited resource availability. For the year and a half between March 2020 and September 2021, I led a mental health listening tour of rural New York State, talking with almost 300 residents and professionals within 16 rural counties, publishing results and recommendations in a publicly available [report](#). Our rural counties face significant challenges, yet they draw upon their strengths and assets to best serve their residents. They told us that they struggle significantly due to lack of funding, because the state allocates funding based on population size rather than need and that state RFPs do not meet the needs of rural areas, focusing on downstream crisis services rather than prevention. In addition, often serving individuals with significant needs and within multiple service systems, rural behavioral health providers struggle to meet state-defined service quotas, because their patients require more time to achieve positive outcomes. ***NYSPPHA urges the state to revise its funding allocations, RFP process, and quota requirements to take into account needs within resource-limited rural areas. In addition, NYSPPHA recommends that the state fund staff to provide guidance and support to rural communities during the RFP process to help level the playing field and direct funding to where it is needed most.***

Beyond LGUs, funding is desperately needed to support the local suicide prevention infrastructure in communities across the state. There are 57 county suicide prevention coalitions in New York, most of which are comprised of volunteers who work evenings and weekends for the coalition outside of their day jobs. Unlike opioid and other substance-related coalitions and taskforces, there is no federal or state funding allocated to suicide prevention coalitions. ***Funding would allow these coalitions to support a full-time coordinator to help them better support their communities while avoiding burnout.*** Though coalition members are passionate and extremely dedicated, this is challenging work, and a full-time coordinator is needed to ensure the best outcomes for county residents.

Schools are in significant need of funding to support the mental health of students and staff. The U.S. Surgeon General declared a mental health crisis among youth, and teachers and other school staff are struggling to meet the educational and mental health needs of their students while caring for their own mental health. NYSPPHA offers the following recommendations:

- Schools should routinely screen all students and staff for depression, anxiety, substance use, and suicide risk, helping to avoid stigma and normalize conversations about mental health and self-care. NYSPPHA recommends using the SBIRT approach in grades 7-12 to ensure that brief interventions and referrals are provided when needed.
- The state should consider funding schools to organize wellness centers that act as in-school refuges for relaxation, de-stress, confidential counseling, and emotional bonding.
- More guidance is needed for schools on state mental health laws around student mental health education and staff training. First, mental health is as important as physical health, so mental health education should be provided at the same level as standard health classes, not only one class. Second, schools should be provided guidance on specific evidence-based mental health and suicide prevention trainings available on the Suicide Prevention Center of New York [website](#). These trainings include instruction on:
 - how to recognize warning signs and connect students to care for non-clinical school staff who work directly with students,
 - screening and intervention for suicide risk for school-based behavioral health professionals, and
 - the development of suicide prevention policies, procedures, and implementation plans for administrators and their designated teams.
- NYSPPHA urges the state legislature to adopt the following school-related mental health bills:
 - S356 (Jackson): Requires each school district to provide mental health services to students attending public schools within the district, including access to a school psychologist and social worker.

- S7558 (Jackson): Requires the State Education Department to establish appropriate student ratios for school-based mental health professionals.
- S54 (Gounardes): Requires each school to have at least one licensed or certified school social worker.
- S2312 (Gounardes): Requires schools to screen students for depression in grades 7 through 12. *NYSPPHA recommends adding screening for substance use and suicide risk.*
- S1537 (Hoylman-Sigal): Requires school districts to adopt extensive policies on student suicide prevention, intervention, and postvention.

NYSPPHA recognizes the efforts of the state legislature on advancing mental health and supports several additional mental health-related bills focused on crisis services, bridge barriers, and safe storage of firearms. These bills include:

- 988 Lifeline and other mental health helplines
 - A8020 (Cunningham) – Imposes a 988 surcharge (capped at 35 cents) on monthly phone bills and creates a 988 trust fund.
 - A6563/S1865A (Clark/Brouk) – Requires college student ID cards to contain information on 988 and Crisis Text Line. *NYSPPHA also recommends ID cards include Trevor Lifeline and TransLifeline numbers.*
- Bridge Barriers
 - A72/S2708 Bridge Barriers (Sayegh/Harckham)
- Safe Storage of Firearms
 - A3163 (Santabarbara) – Tax exemptions for the sale of any “safe storage depository, firearm safety locks, trigger locks, or other items designed to ensure the safe handling and storage of firearms.”

Medical examiner and county coroners’ offices need additional funding for timely and accurate identification and reporting of deaths by opioid overdose and suicide. The state received foundation funding to pilot a novel suicide fatality review system in four New York counties between 2020 and 2023. This system included a comprehensive data collection tool for medical death investigators and suicide fatality review committees to review up to five deaths per quarter. The goal of this process was to use timely and accurate data to inform suicide prevention efforts at the local level so that counties could make best use of limited resources and achieve the best outcomes for residents. *State funding is needed to sustain these efforts and to fund the remaining counties so that they can implement a similar process.*

The COVID pandemic and resulting mental health challenges have tested all of us. We urge you to use the budget process to support the needs and efforts outlined in this testimony. We respectfully ask you to **support the health and mental health of all New Yorkers** by including these recommendations in the FY 2024-2025 enacted New York State Budget.



Brett Harris, DrPH
 President
 New York State Public Health Association
president@nyspha.org