NYS 2024 Joint Legislative Budget Hearing on Mental Hygiene

February 13, 2024

Testimony of the Seat at the Table Campaign

In 1954, New York State passed a landmark bill called the Community Mental Health Services Act. It was designed to expand community supports for long-time state psychiatric patients who the state mental health officials deemed could live more fulfilling lives in the community. Unfortunately, like many well-intentioned laws, this one did not produce the intended result.

In 1976, the state legislature issued a comprehensive, 256-page report, detailing the shortcomings of the state's community mental health services, noting that:

> *"...there is no statement of goals and objectives to direct the Department of Mental Hygiene and there is no on-going process to facilitate the development and evaluation of such goals."*[i]

Almost 30 years later, the legislature spearheaded another in depth study and issued another report that found the same shortcomings in the system of care and offered 61 recommendations including this one related to planning:

> *"The process of planning and service delivery must be open and public, and must be strengthened to incorporate all stakeholders, including consumers, families, providers and local and state governments.*
>
> *There is a need to improve bottom up, data-driven, needs based planning that is transparent, consumer and family focused, and outcome driven, and that accurately communicates the needs of the State as a whole and the various regions and counties within the State. "*[ii]

We don't need another study, report or commission that produces more recommendations. Instead, we need to fundamentally restructure the state's approach to planning and financing mental health services. Key to this reformed system would be the development of community-based, multi-year strategic plans that included budgets, milestones, and measurable outcomes. The planning process itself would have meaningful input by all stakeholders, including people who use mental health services—not as advisors, but as deciders.

 info@seatatthetableny.org

The Seat of the Table campaign has drafted a bill to begin the redesign process, called the Person-Centered Mental Health Services Planning Act. This Act would create a collaborative Work Group composed of peers, providers, state and local officials, and subject experts drawn from statewide professional organizations.

Instead of drafting annual needs statements and vague goals, which is the current situation, we are envisioning a collaborative process whereby peers, providers, local officials, and other stakeholders would meet as equals and, with support from expert human-centered planners, develop a long-term strategic vision to tackle the most pressing issues in each region. This process would be transparent and establish clear measurable goals, accountable entities, and budgets drawn from state and federal funds. Progress would be tracked over time so strategies and initiatives could be adjusted to reflect changing conditions.

Developing a new system to replace the current one will be complicated. Our bill calls for a 14-month planning period, during which the work group, supported by an independent firm experienced in community- and human-centered design, will research mental health planning practices in New York and nationally, and draft legislation to replace or revise section 5.07 of the mental hygiene law, and any other applicable statutes. (The bill's Cover Memo is appended to this testimony as Attachment 1.)

This bill language would be introduced in January 2026 as the Person-Centered Mental Health Services Act and would define a community-driven and user-informed planning process needed to establish a truly person-centered system of care.

We urge the legislature to support this bill and the budget allocation needed to fully implement its ambitious objectives, which are 70 years overdue.

Thank you for your support.

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[i] Mental Health In New York: A Report To Speaker Stanley Steingut From The Assembly Joint Committee To Study The Department Of Mental Hygiene, March 1, 1976.
https://www.seatatthetableny.org/_files/ugd/d972a6_03a2baa4056442dea938909976f9c986.pdf

An Evaluation of the Delivery of Mental Hygiene Services in New York State: A Report by the Mental Hygiene Task Force to Assemblyman Peter M. Rivera, February 2005.
[ii] https://www.seatatthetableny.org/_files/ugd/d972a6_3c58b9ad96ad4875a8402803100a7994.pdf

ATTACHMENT 1

Cover Memo

Person-Centered Mental Health Services Planning Act

BILL NUMBER: PENDING COUNSEL REVIEW

SPONSORS: SEPULVEDA AND GUNTHER

TITLE OF BILL: The Person-Centered Mental Health Services Planning Act

PURPOSE OF BILL:

To form a behavioral health workgroup consisting of state and local officials, providers, CBOs, and mental health service users to create a uniform strategic planning system that would be used by local and state officials to establish measurable goals for a person-centered and wellness-based mental health system. This collaborative model would replace the current process as defined in section 5.07 of the Mental Hygiene Law.

SUMMARY OF SPECIFIC PROVISIONS:

The Planning Act would establish and fund a work group to review the current methods of financing behavioral health care and propose a new, unified, collaborative approach that draws on the expertise of all concerned stakeholders, including local mental hygiene directors, public health officials, providers, state agency planners, service users, and elected officials.

JUSTIFICATION:

The current system for allocating funds for mental health care is spread across multiple state agencies and local jurisdictions. For example, housing development and support, *the most commonly cited need in New York State Local Services Plans*, can include federal HUD subsidies; state HCR, OMH and DSS grants and operating subsidies; and county and city subsidies. Organizing an effective long-term strategy to address the housing challenges of people with mental illness in a given jurisdiction requires input from not only the officials overseeing these various programs, but also a commitment from providers to a workable strategy, and from the people who need the housing about what they feel will best aid their recovery.

Overall, the county-level, mental health planning process, outlined in Section 5.07 of the MHL, is unable to achieve the person-centered, prevention-first system of care envisioned by state officials for several reasons: the counties have no control of the resources needed to address their challenges; the annual goal setting time-frame is too short; it's impossible organize a fully realized system of care across 58 jurisdictions (57 counties

and NYC); while counties are mandated to identify needs and goals, there is no corresponding requirement to establish measurable outcomes so that progress can be tracked over time; and most counties lack the resources and technical expertise to a develop a long-term strategic plan and a continuous quality improvement system to monitor and adjust the plan over time.

The moment to rework the behavioral health planning apparatus is now. In January 2024, CMS approved New York State's latest 1115 Medicaid waiver request to create region-based planning and service jurisdictions, called Social Care Networks, to address many of the same needs that have been consistently cited by officials and advocates for years: housing; access to integrated care; prevention services, which impacts both suicide and crisis care; reliable transportation; provider and CBO workforce challenges; and overdose deaths.

Creating a unified planning structure that combines existing county initiatives with the new Social Care Network entity, a nonprofit whose governing body must be 51% providers and include peer members (required by the 1115 waiver), is a genuine opportunity to establish comprehensive and long-term strategic partnerships.

Notably, instead of 58 separate annual plans (required by section 5.07 of MHL), the state would be organized around nine geographic areas (required by the 1115 waiver) and could replace annual plans with longer-range five to ten year plans that had measurable outcomes, milestones, funding allocations that integrated health and behavioral health budgets, and accountable performance standards.

A reformed planning system could also enforce consistent use of metrics and performance data across all the SCN regions, which would enable state planners (DOH, OMH, OASAS, etc.) to compare and assess the effectiveness of interventions from region to region. The most successful strategies could then be shared and taken to scale on a statewide basis.

Repairing a system of care that has been dysfunctional for decades will require a highly coordinated commitment by funders and state leaders over an extended period of time. Such reform cannot be achieved within a single election cycle, making it imperative that a comprehensive planning apparatus be established that promotes measurable outcomes, innovation and accountability.