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Testimony to

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

Budget Hearing on Mental Hygiene

February 4, 2026

Thank you for the opportunity to present testimony at today's hearing. My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). Our organization is comprised of 24 affiliates in 52 counties. We are very proud to be a boots on the ground organization engaged in services in your community including housing, peer services, crisis services, and much more. At the State level, we engage with our members through training, education, advocacy, and support.

I have had the honor of testifying for over two decades in this position. Over the last several years, there has been a sea change in the mental health system in New York State. Governor Hochul and the Legislature have paid increasing attention to the mental health space.

Enhancing crisis services, housing, youth mental health support, behavioral health parity, prevention services, justice-involved services, and recognizing the mental health need of first responders have all been enhanced in recent years.

Workforce and Provider Support

Over the last five years, there has been much more recognition of both the behavioral health and the human services workforce as reflected in consistent Targeted Inflationary Increases (TII), formerly COLAs, over that time frame. We thank the Legislature and Governor Hochul for your support, but the reality is that it is just not enough.

Even with these increases, we have still not matched the Consumer Price Index (CPI) for most of those years and even with the TII's of the last several years, there were many years where the sector did not receive any additional funding.

This year we are hopeful that we will meet the 2.7% threshold for the TII. The Governor has proposed adding a human services TII of 1.7%. The CPI is 2.7%. As our top budget priority this year, we are strongly advocating that the additional one percent be included in the final budget.

The human service TII is not only for mental health but for the entire human services operations and workforce, which also includes substance use services, intellectual and developmental disabilities, childcare, services for the elderly and much more. Not for profits are the refuge of last resort for many vulnerable or marginalized individuals.

Our workers are truly the heroes of our communities and yet they are paid less than someone who works at McDonalds or an Amazon Warehouse. We often say that to work in our field, you have to be mission driven, but mission driven does not put food on the table.

As you heard from Commissioner Sullivan today, the New York State Office of Mental Health has truly created a vision for the future of mental health care through innovative services, evidence-based supports and state of the art facilities, but we still don't have funding to pay staff a reasonable wage.

I know that many of you saw us every day during the last month of the budget passage holding signs at the Capitol urging support for an increased TII. Many of you came over and showed your support.

We urge you to again come together and show you support by adding the one percent TII to this year's budget.

Recommendation:

1. We urge the Legislature to add a 1% increase to the TII for a total of 2.7% and ensure that language remains flexible, so that funding can be used to support both the workforce and program operations.

Teen and Youth Mental Health

The statistics are jarring. According to the National Institute of Mental Health (NIMH), 31.9% of adolescents have a serious anxiety disorder. Over twenty percent of adolescents suffer from depression. Overall, 40% of high school students reported persistent feelings of hopelessness or sadness during the past year. Over the past year, 20.4% of high school students and an alarming 41% of LGBTQ youth seriously considered suicide. Overall 9.5% of high school students attempted suicide over the past year.

Given these numbers, Governor Hochul has provided an immediate response through Teen Mental Health First Aid. Teen Mental Health First Aid teaches individuals between the ages of 14—18, how to understand and respond to signs of mental health and substance use challenges among their friends and peers. In this year's budget, Governor Hochul has advocated that all tenth graders have the opportunity to take Teen Mental Health First Aid Training. New York would be the first State in the nation to establish this landmark initiative. At MHANYS, we truly believe in mental health literacy across the life span and if it is provided to adolescents, this will help support good mental health throughout their lives, helping to provide better mental and physical health outcomes for all New Yorkers.

Recommendation:

1. MHANYS applauds Governor Hochul for the expansion of Teen Mental Health First Aid for 10th grade high school students and urges legislative support in the final budget for this funding.

Mental Health of First Responders

In May 2004, the New York State Division of Homeland Security and Emergency Services released survey results indicating that two-thirds of first responders suffered from stress, 52% suffered from anxiety, 53% from depression, and 40% from PTSD. Also, 16% of the first responders had thoughts of suicide, which is four times higher than the national average. These numbers are startling and need to be addressed for those of our heroes across New York State.

Governor Hochul supported an initiative in this year's budget that would provide one million dollars to create a statewide First Responder Behavioral Health Center of Excellence that is peer driven. There are over 6300 Fire, EMS and Law Enforcement organizations in New York State not including other first responder disciplines, in New York State.

The Center will bring together experts from across New York State to create a mapping project for first responder support teams, create culturally competent clinical resource network, peer leadership training and counseling and a peer kickoff meeting.

This initiative has full support from all the Statewide First Responder Organizations and will be led by the New York State Office of Addiction Services and Supports (OASAS) and the New York State Office of Mental Health (OMH).

Recommendation:

1. Ensure that the million dollars proposed for the First Responder Behavioral Health Center of Excellence remains in the State Budget.
2. Support S5407A (Senator Harckham) and A7285A (Assemblymember Burdick). This legislation would provide funding to counties to create peer to peer first responder support models much like the successful Joseph P. Dwyer Veterans Peer to Peer Model. Importantly, the legislation includes important confidentiality protections so first responders can seek help without stigma or fear of career repercussions.

State Hospital Redevelopment Commission

New York currently operates 24 State Operated Psychiatric hospitals. These are more state hospitals than California, Texas and Florida have combined.

In the 1950's, over 95,000 people were confined to these hospitals. Only a handful of facilities have closed since the 1950's, yet the number of people in the hospital today total less than 3,000. This amounts to less than an average of 116 per facility. The cost of running these hospitals on a daily basis for such an incredibly small census places an incredible strain on the budget. The cost of heating, lighting, air conditioner maintenance and renovation are consistent and place a daily financial burden on the New York State Office of Mental Health.

MHANYS is not supporting bed closures. That is a clinical call by the New York State Office of Mental Health but we are urging support for a Commission to look into alternate uses for some of these facilities. In 2022, Governor Hochul created a Prison Redevelopment Commission tasked with closing State Prisons across New York State. Under her leadership 15 prisons have closed.

Recommendations:

1. Establish a State Psychiatric Hospitals Commission tasked with reviewing hospital capacity and usage in a manner that maintains the overall bed capacity, with sufficient flexibility to account for future bed needs.
2. Create a Psychiatric Hospital Community Reinvestment Fund to help fund community-based mental health services.

3. Work with the Empire State Development Corporation and local officials to look at alternate uses of these facilities.

Behavioral Health Parity

Governor Hochul has said the mental health crisis is the “defining issue of our time.” To address this need we believe that the State must strengthen and enhance implementation and compliance with the federal and state behavioral health parity laws. These laws require insurers and health plans to cover mental health and substance use disorder care at the same level of access and benefits as physical health services, and not impose financial requirements or treatment limitations that are more stringent than those for physical conditions. As the Governor has stated, “...the frustration and delays that many New Yorkers experience in trying to access mental health care today indicate that far stronger enforcement is necessary to realize true parity.”

Later this year, New York will celebrate the twenty-year anniversary of the signing of New York’s mental health parity law, Timothy’s Law (Chapter 748 of the Laws of 2006). Also, it has been eighteen years since the enactment of the 2008 federal parity law (Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act- MHPAEA). Yet, the promise of parity remains unfulfilled. We believe that lack of compliance with parity laws by insurers and health plans, inhibits and delays access to care and treatment amidst an extraordinary mental health crisis, particularly among our youth. Full compliance with behavioral health parity laws will have a positive impact, not only on the health of New York’s residents, but also would reduce the state’s health, Medicaid and other safety net expenditures.

The current system for enforcement and compliance with parity relies largely on individual consumer or provider complaints with minimal public accountability to verify if these are isolated or systemic issues. Yet consumers face great difficulty in understanding the nuances and complexities of the law as well as their rights. Only the state oversight agencies have the ability to access the internal policies, algorithms, and decisions that insurers and plans use to limit or deny coverage. We need all of the oversight agencies to work together to provide more vigorous oversight and enforcement, including the New York State Department of Financial Services, Department of Health, Office of Mental Health, and Office of Addiction Services and Supports. To date, we believe this is not happening to the level that is needed. Moreover, we have actually heard frustration expressed by state officials that there has not been sufficient enforcement of the behavioral health parity laws.

Recommendations:

1. Strengthening Enforcement: MHANYS urges New York State to strengthen oversight, enforcement, and compliance with federal and state MH/SUD parity laws. MHANYS recommends the establishment of a centralized cross-agency unit working on parity enforcement and compliance, including audits of commercial insurers and Managed

Care plans, coordinating enforcement actions and sanctions, reviewing data collected and reported publicly, and issuing guidance to enhance compliance.

2. Close Gaps with Federal Law/Regulations: MHANYS supports legislation that would codify additional protections to ensure insurers and health plans comply with the federal and state parity laws. This includes codifying additional protections into state law from the 2024 federal [final regulations](#) that were put on hold. This includes meaningful coverage for mental health and substance use disorders, additional data reporting and testing to ensure equitable treatment, prohibiting use of outdated data or evidence to deny care and bar local governments from opting out of parity compliance. (S8426, Brouk/A8839, Simon).

3. Enhancing New York's Mental Health & Substance Use Disorder Parity Report Act: MHANYS supports legislation or regulatory action that would require the New York State Department of Financial Services to publish a report providing a summary of the data and analysis performed pursuant to the Mental Health and Substance Use Disorder Parity Report Act ([Section 343 of the Insurance Law](#)). Currently, the data is posted as excel spreadsheets for each insurer/health plans with multiple tabs for two-year periods making review by the public challenging and stakeholders challenging. The current format inhibits meaningful transparency and accountability.

4. Network Adequacy: MHANYS urges vigorous enforcement of the New York State Department of Financial Services (DFS) and New York State Department of Health regulations requiring insurers and health plans to maintain network adequacy, which includes ensuring appointments within ten days for outpatient providers or seven days following discharge from a hospital or emergency room. The regulations also provide the ability to go out-of-network if there is not an in-network provider able to meet the wait time standards. The regulations were effective on July 1, 2025, and applied to policies that were renewed or modified after that date. Since most policies renew on January 1st, it's important these agencies undertake a significant public awareness campaign to educate New Yorkers.

5. Gambling Disorders: MHANYS supports Part R of the Article VII H & MH legislation to ensure coverage for gambling disorders. The provisions update various provisions of Insurance Law to align with the recent changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) pertaining to substance-related and addictive disorders. These changes will provide that patients with gambling disorders receive the same coverage and protections as substance use disorders, which is critical for preventing unnecessary delays or denials for treatment. Amidst the proliferation of mobile sports betting and increase in calls to OASAS' helpline, this legislation is critical.

Daniel's Law/Crisis Response

In 2025, we marked the grim milestone of the five-year anniversary of the passing of Daniel Prude. Mr. Prude died in March 2020 in Rochester, New York after being restrained by police. The untimely

death of Mr. Prude has generated a movement in New York State to enact Daniel's Law (S3670/A4617), which MHANYS supports. Daniel's Law would ensure the establishment of a well-trained, independent crisis response team to provide a public health, non-police response and treatment for persons with mental health or substance use disorders who experience a crisis in communities throughout the state.

MHANYS appreciates the tremendous work of the Daniel's Law Task Force, which provided New York State with a clear road map and guiding principles to support trauma-informed, community and public health-based crisis response. The FY 2025-26 budget provided critical investments to propel these efforts including an \$8 million investment: \$6 million for Daniel's Law pilot programs and \$2 million for the establishment of the Behavioral Health Crisis Technical Assistance Center within OMH, in conjunction with OASAS. In addition, the FY 2025-26 budget amended the Mental Hygiene Law to require OMH to establish at least one mental health incident review panel per quarter, to review incidents involving persons with serious mental illness in the community that involved the use of “deadly physical force” and resulted in “serious physical injury” to another. The purpose of incident review panels is “to make recommendations for corrective actions to improve the provision of mental health or related services, to improve the coordination, integration and accountability of care in the mental health service system, and to enhance individual and public safety.” While reports issued by the Incident Review Panels are required to be kept confidential, OMH is required to issue a cumulative report every two years to the Governor and the legislature, posted on the OMH website, summarizing the data, findings and recommendations made by the review panels.

Recommendations:

1. Continue the investment with \$8 million in the FY 2026-27 budget: \$6 million for Daniel's Law pilot projects and \$2 million for Behavioral Health Crisis Technical Assistance Center.
2. Pass Daniel's Law building on the lessons learned and best practices from the pilot programs and work of the Behavioral Health Crisis Technical Assistance Center.
3. Urge the Behavioral Health Crisis Technical Assistance Center to issue a report at the end of 2026 outlining the activities it has performed and communities it has supported.

School Mental Health/Teacher Training

Legislation signed into law in 2016 requires all schools in New York State to teach students in grades K-12 about mental health from a mental health literacy perspective as part of the school health curriculum. Building further on this foundation, the Governor's proposed 2026-27 Executive Budget includes a \$17 million investment in Youth and Teen Mental Health First Aid. New York now leads the nation in its effort to raise mental health literacy among our youth. However, teachers and other school personnel are not currently required to have any training in mental health.

The need for mental health training is undeniable. Anxiety and depression (among other mental illnesses) are rising among school-age youth. According to NIMH the lifetime prevalence rates of mental illness among 13 to 18 year olds is 21% with severe impact and 46% with mild, moderate or severe impact. Therefore, nearly half of youth in this age range has experienced some level of mental health challenge. Left untreated, these conditions can result in poor academic performance, substance use and addiction, legal problems and most tragically, self-harm and suicide.

A 2023 article of *Education Weekly* stated that, “Teachers are broadly concerned about their students' mental health—and don't always have the knowledge or support to help.” One recent study found that, while 93 percent of teachers are concerned about student mental health needs, 85 percent expressed the need for further mental health training. School superintendents testify to the importance of the mental/emotional health of students in their schools. A comprehensive survey conducted by the New York State Council of School Superintendents in 2024 found that 98% of superintendents indicated that they have a high or moderate level of concern. This included 67% of superintendents indicating a high level of concern. As Governor Hochul said, “As a state and a nation, we are facing a mental health crisis among our youth. It's time for action to fix it.”

As students begin to learn more about mental health it is vital that teachers, administrators and school support personnel have similar training. A shared knowledge of mental health across the school community helps promote a school culture and climate of wellness that benefits everyone in schools as well as families and the community at large.

Recommendation:

1. MHANYS recommends that S.3627 (Fernandez)/A.3041 (Kelles) be passed into law, which would require that teachers and other school staff receive mental health training. This training will prepare them to handle the rising mental health crisis among our youth and take steps to address mental health concerns among their students.

Mental Health and Higher Education

The mental health and well-being of college students has been in decline for at least two decades. Data from an April of 2022 Active Minds study showed a 135% increase in depression and 110% increase in anxiety among college students between 2013 and 2021, and in 2021 60% of college students met the criteria for one or more mental health conditions. A more recent study by Active Minds in 2024 found that almost 30% of college students report severe psychological distress.

And it's not just college students. Faculty and other college staff have been experiencing their own mental health challenges including burnout and stress associated with not feeling confident about how to respond to their students' distress. More than half of college faculty report signs of professional burnout with 40% considering leaving their current jobs as a result of COVID changes. More faculty are reporting peak stress now than at the beginning of the pandemic.

New York should pass legislation to increase mental health literacy on campuses and encourage whole health parity. We know from three lawsuits at Yale, Stanford, and Harvard Universities, that colleges' policies for student mental health, especially crisis and leaves of absence, are not always fair or

consistent with how colleges treat a physical illness or injury. There should be a way to make sure colleges at least review their mental health policies and if necessary update them so that they reflect parity between physical health and mental health.

Recommendation:

1. Pass S.1008 (Brouk) would increase mental health literacy on campuses and encourage whole health parity. The bill would require mental health training for students, faculty, and staff, and require colleges to review and update policies related to mental health to be consistent with physical health.

Federal Impact on New York State (HR1)

New York State must begin to prepare for the changes to Medicaid coverage including the new work requirements that take effect on January 1, 2027. While there may be exemptions for those with mental health and substance use disorders, the definitions are not clear yet with regulations expected and there is growing concern that an individual may shift in and out of exemption status, creating an enormous gap in coverage for individuals resulting in delayed or missed care and treatment heightening the likelihood of unnecessary Emergency Department visits and hospitalizations.

Carve Out of MH/SUD Services out of Medicaid Managed Care

MHANYs supports legislation to carve mental health and substance use disorder services out of Medicaid managed care and instead provide these services on a Fee for Service basis. Prior to 2015, these services were provided on a fee for service basis. MHANYs has joined a broad array of stakeholders urging New York State in support of the carve out. Systemic issues have arisen under managed care including delayed payment and lack of parity compliance, resulting in significant reductions in access to necessary care and treatment.

The carve in of these services into Medicaid managed care has proven detrimental to the ability of New Yorkers to secure the mental health and substance use disorder care they need in a timely fashion. Since 2019, over 300 citations have been issued by state regulators against Medicaid managed care companies for serious violations, including failing to pay the required rates and inappropriate claim denials. Removing these services from Medicaid Managed Care would generate over \$400 million for the community-based system that is under tremendous stress amidst the mental health crisis and providers facing workforce challenges including 20%-30% vacancy rate and a 25% annual turnover on average as well as rising operational and programmatic costs. Now is the time for New York State to transition these services back into fee-for-service as we continue to contend with a mental health crisis and looming changes as a result of federal action that will impact the entire health and mental health systems.

Recommendation

1. Pass legislation that would remove OMH and OASAS behavioral health outpatient services from the state's Medicaid Managed Care. (S8309, Brouk/A8055, Simon).

Adult Home Reform

There are over 12,000 people with mental health issues currently in New York's adult homes. Through a settlement agreement, there are several hundred people that have transitioned from adult homes to more independent settings. Yet there continues to remain issues in the conditions of adult homes. Some of these facilities are in decay and have substantial quality of life issues given the condition and lack of services provided in these homes.

The Coalition of Institutionalized Aged and Disabled (CIAD) is the watchdog group that works to empower residents and ensures that they have representation and rights in adult home settings. For many years there were unscrupulous operators that took advantage of adult home residents as documented in the *New York Times* Pulitzer Prize series of stories. Though conditions have improved and there are more professional operators, there are still many problems in the homes. This year's budget cuts funding for CIAD has no rational reason behind the cuts. It is a drop in the bucket and yet it is valued added for over 12,000 adult home residents.

In addition, there is a proposed five million dollar cut to the EQUAL (Enhancing the Quality of Adult Living). Half of the funding is utilized specifically for adult home residents for quality-of-life issues like clothing, food quality and expanded recreational activities. The other half of the funding is for capital expenses to help improve the physical space of the home. Priorities are determined by Resident Councils. This cut greatly impacts individuals' quality of life and is inconsistent with support for people with mental health needs and other conditions.

Recommendation:

1. We urge restoration of the \$230,000 in funding for CIAD and other advocacy organizations through the New York State Justice Center as well as restoration of \$5 million in funding for the EQUAL program through the New York State Department of Health.

Critical Incident Leave for State Troopers

MHANYS has supported legislation that would require the Superintendent of State Police to develop, maintain, and disseminate to all members of the Division of State Police a critical incident leave policy requiring critical incident paid leave for any members directly involved in a critical incident. In 2025, legislation passed by both houses was vetoed with a message that it would be included in the upcoming FY 2026-27 state budget given the fiscal cost associated. MHANYS supports the provisions in Part AA of the Public Protection and General Government Article VII Legislation that would provide this critical incident leave. Under the provisions, State troopers would be provided with at least 20 days of paid leave to any member of the State Police who, in the course of official duties, takes a

justifiable action that causes death of another person. The bill provides at least 10 days of paid leave to any other member who was directly involved in a critical incident which causes the death or serious physical injury of another but deemed not to be the immediate cause of the death or serious injury.

While [half of American adults](#) will experience at least one traumatic event in their lifetime, law enforcement officers experience [an average of 178](#) over the course of their careers, according to a 2023 FBI study. This kind of repeated exposure, without time to recover, increases the likelihood of burnout, depression, and long-term health consequences. In fact, studies show PTSD rates among law enforcement officers are [twice as high](#) as those in the general population. New York State has a chance to once again lead with enactment of this legislation. This law will set a powerful precedent by making it known that mental health matters in public service; that psychological injuries deserve the same consideration as physical ones, and that New York is willing to lead where others have hesitated.

Recommendation:

1. Enact Part AA of the Public Protection and General Government Article VII Legislation to establish critical incident leave for state troopers.