MHA in NYS

Mental Health Association in New York State, Inc.

Glenn Liebman, CEO *Jeffrey Rovitz, Board Chair*

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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

February 3, 2016

Thank you to the members of the Senate Finance Committee and Assembly Ways and Means Committee. I would also like to thank and acknowledge our two Mental Hygiene Chairs — Assemblymember Aileen Gunther and Senator Robert Ortt. Both have been very strong advocates for our cause and their support and friendship have been greatly appreciated.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State. I have been honored to represent this organization for over a dozen years. Our members in fifty counties throughout the State have been leaders in community innovation for mental health as well as mission driven advocates for education, support and advocacy for individuals with mental illness.

Before we discuss this year's budget, I want to start off with a big thank you for your support of the passage of the Mental Health Public Awareness Tax Check off Bill. Last year when I testified, I highlighted the need for the check off and through your internal advocacy, this bill was passed and signed by Governor Cuomo.

This landmark legislation makes New York the first State in the country to have a law that specifically addresses the hateful stigma and discrimination of mental illness. We hope that New Yorkers across the State will contribute money in their income tax forms to help create a powerful campaign that will lead to the end of stigma in our lifetime. As with so many innovations, it happened first in New York. We intend to build on this success and will address that later in our testimony.

Many legislators were responsible for this happening, but I would specifically like to acknowledge the efforts of Assemblymember Gunther, Senator Ortt and Senator David Carlucci. It would have never happened without them and their work is greatly appreciated.

Budget Adds

There are several parts of the mental health budget that were addressed by Governor Cuomo and we are appreciative. There is an increase in funding for children's mental health services as they move into Medicaid managed care.

There are also continued investments in Medicaid Managed Care Preparedness for behavioral health providers as well as for some community investments. Significantly, there is unprecedented funding in

the budget to address issues of homelessness in New York. As we know, many individuals who are homeless also live with a mental illness, so we are very appreciative of the call for twenty billion dollars to help provide stable support, housing, outreach and review of the shelter system that will help greatly address the need. We thank the Governor for his laudable commitment on addressing issues of homelessness in New York State.

There are areas of the budget that do, however, raise concerns.

Investment in Community Mental Health

We have a community mental health system that has been the safety net for hundreds of thousands of New Yorkers with mental illness. Just do the math. There are over 800,000 people in New York's Public Mental Health System, yet half of the funding still is driven by a few thousand people and a hospital system that is a relic of an old model.

The greatest need for funding must go to the community where the large percentage of individuals live every day. Unfortunately, every day we see the impact of an underfunded system of care with long waiting lists for services, housing and clinical support.

It is not out of the ordinary for someone discharged from a psychiatric or public hospital to then have to wait months for follow up. The fault does not lie with providers, the fault lies with a system that is underfunded and overstretched.

Outside of the legislative driven COLA for direct care workforce and a small 0.2 percent workforce increase this year, there have been no major funding increases for the community workforce in mental health for seven years.

On top of the lack of funding, our service system is facing unprecedented changes and challenges through the Carve-in of Medicaid mental health benefits into managed care. This means that our members and colleagues have to also develop a new level of sophistication to provide better care by reducing unnecessary hospitalizations and bringing information systems into the 21st Century.

Hospitals and other sectors have recognized the need for greater financial investments. A similar requirement is necessary in mental health.

There have been significant investments in this budget for large projects like Penn Station and Javits Center Development, Third Rail on the Long Island Rail Road, funding for upstate airports and to stabilize hospitals. This is all laudable, but there are no long term investments in community mental health services.

While we are appreciative of the State providing some Medicaid Managed Care Preparedness Dollars and DSRIP money for behavioral health, there is a growing sentiment that this money will be filtered through larger entities.

This year, along with our colleagues at NYAPRS, we urge support for a $90 million dollar investment in community mental health. Provider agencies should be given flexibility to use these funds to better address staff compensation, infrastructure cuts and enhancements to existing innovative services like peer support and engagement, respite services and beds, mobile crisis services, family support and engagement. Most importantly this money will be able in many cases to extend hours of operation for many programs and therefore decrease long waiting lists. One of our rural members said to me that 'a small increase in funding could provide an increase in hours of operation of our drop in center which has been a place of hope and support and recovery for many in the community. A small investment with a rich dividend.'

How do we pay for services?

The question of course is how we will be able to pay for those services? We argue that much of this funding is existing funding in the budget that was taken out of Reinvestment, BHO HARPS and Supportive Housing.

This year's reinvestment commitment was short changed by $5.5 million dollars to the community. One hundred of the beds proposed to be closed and moved to the community is being reduced by half in order for it to be utilized for wrap around money for individuals in nursing homes and long term care. While this is laudable and we certainly support funding for that area, full $110,000 per bed was the community commitment on these investment services.

An additional twenty million dollars was substituted in the mental health budget in regard to conversion of BHO and HARP. The State is using the Balanced Incentive Program (BIP) to replace existing state dollars. This was not the intent of that funding stream as well.

Finally, the State is proposing to take $44 million in Medicaid for supported housing and substitute it with 'bonded capital resources'. We are unclear of that language and why should we frankly have to substitute money from existing state commitments to pay for money that was initially fully committed through Medicaid.

The State made the decision to save this money by substituting BIP funding and Bonded Capital Resources for Medicaid and local assistance dollars. Rather than substitute this money, our ask is that the money be repurposed to invest into community services.

Recommendation:

> **We are urging support for a $90 million investment in community mental health. $70 million of that funding can come from the money repurposed from the State Community Mental Health Budget and the additional twenty million dollars will come from a new funding allocation.**

Minimum Wage

In order to retain and attract a quality workforce, we support efforts to raise the minimum wage. But given that many mental health and other human service agencies rely on State and Federal funding, through Medicaid rates and grant programs to meet any additional labor costs driven by the increase in minimum wage, a distinct and adequate funding pool must accompany any minimum wage increases.

Recommendation:

> **Work with the Executive and the Legislature to ensure that an appropriate increase in labor cost does not financially harm not for profit mental health and other human services provider agencies**

Housing

Over the past several decades funding for various housing models in New York that are home to people with mental illness and those in recovery has not kept pace with inflation, rising administrative cost and the increasing demands of serving individuals with co-occurring conditions and the management of complicated medication regimes. The trend of underfunding has put our valuable assets in jeopardy.

Recommendation:

> **MHANYS is joining our colleagues at ACL in calling for targeted Executive Budget funding to sustain New York's housing infrastructure including Community Residence—Single Room Occupancy (CR-SRO) housing, Supported Housing, Community Residences and SP-SROs (permanent housing with supports). The funding request is $92.9 Million Dollars**

Post Release/Continuity of Care for Individuals with Mental Illness Released from Jails and Prisons

When individuals with a mental illness are released from jails and prisons successful reentry into society begins with proper continuity of care. Currently, counties are eligible to provide Medication Grant Cards to individuals released from jails and prisons and discharged from hospitals with a mental health diagnosis. This Card provides medication at no cost while Medicaid is pending for up to sixty days.

Recommendation:

> **We urge support for using the Medication Grant Card as a means to provide mental health services as well as medication while Medicaid is pending. This would provide a seamless way to enhance services and reduce recidivism. The funding request is $5 million**

Mental Health First Aid

Mental Health First Aid (MHFA) is an evidenced based training that provides information and resources to help in responding to a mental health crisis. It has also proven to be a very strong tool in educating the community about mental health and prevention.

Over 500,000 people across the country have become mental health first aiders through this eight hour training. MHANYS and our members have provided training to thousands of individuals in NYS.

New York City has committed over thirty million dollars over the next five years to train hundreds of thousands of the city workforce and provider on MHFA.

Unfortunately, there has been no funding specifically allocated from New York State. Any funding that we have received to provide this education has come through the New York State Senate and we are greatly appreciative of their support.

Through this funding, we have been able to provide trainings to our members. Now we want to expand these trainings to the entire community through our members in fifty counties throughout New York State.

Recommendation:

> **Utilize the Mental Health Association affiliates across New York State to provide this invaluable MHFA training to educators, law enforcement, college administrators, peers, families and other constituencies that could be helped by this training. Total budget ask is $250,000**

Medication Access

The Legislature has long been our champion in fighting for Medication Access across the board for individuals with mental illness and we are greatly appreciative. This year the State has proposed continuing the 'prescriber prevails' protections for mental health medications. We are appreciative that this funding has not been proposed to be cut. However, we are concerned about the non-mental health medications that would not have the protections of prescriber prevails.

Recommendation:

> **While we are appreciative that the mental health medications still have protections of 'Prescriber Prevails'. However, given the complexities of treating people with multiple and co-morbid diagnosis, we urge that this protection be extended to all medications in the formulary.**

Adult Care Facilities

We continue to monitor the Adult Home Settlement Agreement to insure that adult home residents who are part of the agreement are provided with community housing options. We must insure that a streamlined assessment and outreach process insures resident choice.

New York City Adult Home residents are well served by the advocacy of groups like CIAD and MFY Legal Services---insuring that residents are provided with appropriate legal and lay advocacy. There must be a similar model that should be available for the rest of the State when adult home residents voice questions and concerns.

Recommendation

> **We urge support for similar funding for advocacy groups to monitor adult homes around the rest of the state. Estimated cost would be $500,000.**

Crisis Intervention Teams

Crisis Intervention Teams (CIT) are a best practice model that serve as a training to police and other law enforcement on how to deal with an individual in a crisis in the community. This model has been incredibly successful across the country in deescalating crisis situations involving law enforcement and individuals with mental illness.

We thank both the Senate and Assembly for your strong support of CIT and urge additional funding. We also thank the Legislature and the Office of Mental Health for helping to include MHFA as part of the ancillary training for counties that provide CIT training.

Recommendation:

> **We urge support for additional CIT funding to increase the number of counties benefiting from the program.**

Veterans and Military Families

Since the inception of the Joseph Dwyer Peer to Peer Project, we have been appreciative of a model that recognizes that the best way to reach a veteran is through another veteran. We are also extremely proud

that several of the Dwyer Projects are run through our MHA members across the State. It is an extreme honor that our members take very seriously. This was a project driven by now Congressman Zelden and former Senator McDonald. We are pleased that Senators Croci and Ortt are continuing to lead this fight.

Recommendation:

We continue to support Dwyer funding for additional counties as well as advocating for continuing a role for greater family involvement.

Suicide Prevention

We are very appreciative of the existing funding in this year's budget for suicide prevention. Suicide completion has long been one of the most difficult of all public health challenges in this country. The Legislature and Executive have great expertise in this area and we are urging support for New York to embrace the National Strategy for suicide prevention.

This year we are supporting a New York State Prevention Council under OMH leadership that would develop a suicide prevention plan that aligns with the National Strategy for Suicide Prevention.

Recommendation:

Expand the Suicide Prevention Center of New York State by creating Satellite Offices in each of the OMH five regions (1.5 million)

Geriatric Mental Health

There are more and more aging issues that are related to depression and other mental health issues. Depression, anxiety and other disorders should not be part of the normalized process of aging. Eleven years ago, the Legislature created the landmark Geriatric Mental Health Act of 2005.

The success of this act was driven by the legislature and Mental Health Association members throughout New York State, most notably in New York City. Several demonstration projects across the State were financed through this act. Over the last decade, there have been innovative projects that have come about because of the Act, but funding has been limited to three million dollars without any increases.

Recommendation:

After over a decade of innovative work, we are urging support for the doubling of Geriatric Mental Health from three million to six million dollars.

LEGISLATION

Mental Health Education in Schools

With the advent this year of the Mental Health Public Awareness Tax Checkoff Legislation, we have built a great deal of support for the prevention and early intervention of mental illness.

The legislative priority of MHANYS this year is to take the next step in that movement by supporting Mental Health Education in Schools. Along with our partners at NAMI and other organizations, we are urging support for legislation that would mandate that health teachers would have to provide training in mental health as part of their curriculum. It does not speak to hours, but it does specifically state that there has to be mental health taught in curriculums.

We do not apologize for using the word mandate. When over twenty percent of our youth have a diagnosed mental illness, many of whom never come forward because of stigma, it is an issue of enormous consequence. We are not serving our children well when we skirt issues like suicide prevention, anxiety disorders and depression. Without education and prevention, we will lose many of the next generation to mental health related issues.

Both Education Chairs, Assemblymember Nolan (A.3887) and Senator Marcellino (S.6046) have introduced legislation around this issue.

Recommendations:

We urge support for A. 3887 and S. 6046 which will provide mental health education in schools.

Mental Health Education for Teachers

Teachers are on our front line of educating our youth every day but often lack resources or basic knowledge about the signs, symptoms and available treatments for mental health disorders, or how to respond to a mental health crisis. Teachers should be better equipped to recognize and respond appropriately to these signs and to have the knowledge necessary to also teach students about mental health.

Recommendations:

> **We thank Senator Hamilton and Assemblymember Crespo for introducing this bill. S. 6234 and A.9148. We urge support for this important initiative.**

Raise the Age

We join with many of you and Governor Cuomo in supporting Raise the Age legislation. New York cannot and should not be one of only two States in the country that continues to treat youthful offenders at age 16 and 17, the same way that adults are treated.

We know that over 70% of the juvenile justice population also have a mental health diagnosis, we need prevention and diversion, not incarceration.

Recommendation:

> **We urge your support for the Raise the Age Legislation.**

Step Therapy Legislation

MHANYS has been vocal in our support for access to medication for individuals with mental illness in the public mental health system. We also feel strongly that step therapy can greatly impact patient care. Having to go through a series of less expensive medications before you get the most appropriate one can have great impact for an individual especially for mental health related issues when sometimes it takes weeks before the efficacy of a medication is truly recognized.

By reducing the role of step therapy, prescribers of medication have a clear and convenient process to override step therapy under specific conditions when medically in the best interests of the patient.

Recommendation:

We thank sponsors, Senator Young and Assemblymember Titone and urge your support for (S.3419 and A. 2834)

Discrimination against Parents with Psychiatric Disabilities

MHANYS has long advocated for the rights of parent who have psychiatric disabilities. Over fifty percent of the people in the public mental health system are parents yet we don't often think about their roles as parents in public policy. We are urging support for the elimination of the amendment in NYS Social Services law that can result in termination of parental rights simply because of mental illness.

Recommendation:

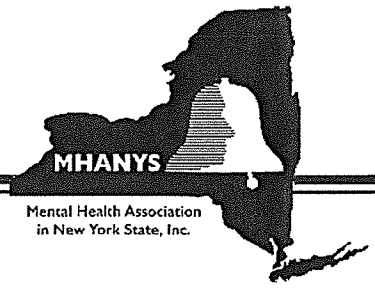
We would like to get sponsors in the Senate and Assembly to carry this important bill.

Justice Center and Adult Homes

Within the framework of the Justice Center legislation, adult home facilities that have over 80 beds are subject to protections and authority of the Justice Center. Yet adult home facilities with fewer than 80 beds are not subject to the Justice Center. There is not bifurcation in any other entities that the Justice Center oversees. Residents in fewer than 80 bed adult home facilities should have the same access and resources of the Justice Center as all other protected classes.

Recommendation:

We would like to get sponsors in the Senate and Assembly for this legislation.



NYAPRS and MHANYS

Keep the Promise of Community Mental Health

At a time when our mental health service system is confronting unprecedented changes and challenges, our mental health community is expressing mounting concerns about the lack of services and funding to meet the growing need.

The carve in of the Medicaid mental health benefit into managed care necessitates that mental health providers develop a new level of sophistication in order to provide better care, participate equitably in value based payment agreements, deliver on the promise of reducing unnecessary and costly hospitalizations, and to bring their information systems into the 21st Century to improve their quality controls and reporting. As has been recognized for hospitals and other sectors of the health service system, this will require greater financial investment by the State in the mental health service system.

While there are significant investments in this year's budget for Penn Station Development, Javits Center Development, Third Rails on the LIRR, funding for upstate airports and to stabilize hospital systems, there are no commensurate long term investments in community mental health services. Even as new DSRIP and Medicaid managed care initiatives roll out, there is growing sentiment that much of the necessary funding will not be provided directly to our mental health agencies and instead will largely be filtered through much larger entities and in an uncertain timeframe.

Now is the time we need to invest more funding into New York's community mental health system. That is why this year, we are calling for a $90 million investment in community mental health. Provider agencies should be given the flexibility to use these funds to better address staff compensation, infrastructure cuts and most importantly provide funding for quality services that keep people in the community and out of hospitals, correctional settings or homelessness.

We know there is a mental health crisis in this country. We also know it is not driven by violent incidents that sell papers, but by the everyday existence of New Yorkers

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with serious mental health conditions who are homeless, who are incarcerated, who live with aging family members who can no longer support them, who are wrongly institutionalized in nursing homes and adult homes and by our one in five children and adults who struggle in silence because they fear the stigma more than the hope of getting help.

Minimum Wage

In order to retain and attract a quality workforce, we support efforts to raise the minimum wage. But given that mental health agencies and other human service sectors rely on State and Federal funding, through Medicaid rates and grant programs to meet any additional labor costs driven by an increase in the minimum wage, a distinct and adequate funding pool must accompany any minimum wage increase agreement in this year's Budget. The Executive Budget as submitted did not identify how these labor costs would be paid for. We will work with the Governor's Office, the Legislature and our colleagues to ensure that an appropriate increase in labor costs does not financially harm the providers.

This investment is necessary. The time is now.

How will the $90 Million be funded?

Together, our organizations have identified $70 million in gross program funding that have unjustly been taken as savings in Reinvestment, the BHO HARP Investment Program and supportive housing instead of being kept in the service system. We will provide more details at tomorrow's mental hygiene budget hearing. These monies should instead make up the initial installment in our $90 million investment request.

We Need Your Help to Get this Done

How can you help us? First, thing you can do is have your agency sign on for this campaign. Last year one of the keys to MHANYS' success in getting the mental health tax check off bill passed and signed was that they drew over one hundred agencies to sign on in support. Together, we know that we will be able to build on that number.

Throughout this process, we will develop advocacy opportunities and social media. Please come to the NYAPRS Legislative Day on February 23 and the MHANYS Legislative Day on March 9th and voice your support. You can register at www.mhanys.org and www.nyaprs.org.

Strong grassroots advocacy have brought about countless mental health advocacy victory in the past, and we will need your support more than ever to win this $90 million investment in our community mental health service system.

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