



Mental Health Association in New York State, Inc.

# Legislative Briefing Book 2021



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This Legislative Briefing Book is a guide to a broad array of behavioral health issues that are priorities for the Mental Health Association in New York, Inc. (MHANYS). Collectively, these issues comprise MHANYS Legislative Agenda for 2021 and reflect efforts to influence public policy in New York in partnership with providers, especially MHANYS 26 affiliates, the New York State Legislature, the Governor's office, various state agencies, the broader human services field, and New York's many diverse communities and schools and mental health advocates. MHANYS advocates for these policies on behalf of all New Yorkers including various at-risk and vulnerable populations.

## **20% Withholds to County's Mental Health Budgets**

***What's the Issue?*** Due to the financial impact of COVID to New York's economy, the State is facing over a \$15 billion dollar deficit. The State has withheld twenty percent of funding to counties that provide community based mental health services. Much of that funding goes directly to provider organizations like the MHA's that provide essential services for individuals with mental health needs.

***Why it Matters?*** The impact of 20% withholds to providers (that could well end up as cuts) is devastating for two reasons: 1) The funding for community services in New York in mental health is already dramatically underfunded as witnessed by waiting lists for housing and other services and programs. It is also witnessed by turnover rates of employees of 35 to 40%; and, 2) The impact of COVID to mental health is immeasurable in terms of anxiety, depression, isolation, grief and addiction. At the same time as the need for mental health services has become overwhelming, you can't cut existing services. It is a perfect storm of need.

***What's the Recommendation for Legislators?*** MHANYS and partner organizations are working together with the Executive to try and insure that funding is restored. Much of this will be determined by any future stimulus package. We will continue to advocate at the National level with Mental Health America.

## **Funding for Nonprofit Human Service Providers** ***3 for 5***

***What's the Issue?*** Funding for nonprofit human service providers in New York has been slashed by 26% since 2008, resulting in funding levels lower than in 1980. Non-profits are expected to continually do more with less, but these providers cannot continue to provide quality services to communities without adequate funding. Part of assuring that providers can continue to operate involves having sufficient and qualified workers. Today, 60 percent of the human

services workforce qualifies for some form of public assistance and wages have stayed the same year after year. The average human services worker is living at or below the poverty line.

***Why it Matters?*** Nonprofit human service providers care for the most vulnerable people in our state. They provide services that no other entity is able to or willing to provide. Whether caring for people in need of mental health services or supportive housing, the elderly in nursing homes, at-risk children in after school care, people with addictions or those with physical or developmental disabilities, we need nonprofit human service providers. And we need them to be adequately funded so they can continue to fulfill their mission.

***What's the Recommendation for Legislators?*** *MHANYS joins a chorus of nonprofit human service providers to urge the State to commit to a three percent increase on nonprofit contracts and rates for each of the next five years.*

## **Responding to COVID-19 Collective Trauma**

***What's the Issue?*** In anticipation of the mental health needs of frontline health and mental health care workers due to collective trauma associated with the COVID-19 pandemic, MHANYS is calling on the State Legislature to support proactive, trauma informed interventions to assure the health, well-being and recovery of these vital health professionals.

Collective trauma is a psychological trauma experienced by a group of people of any size, up to and including an entire society in response to a mass traumatizing event. Examples of events that have resulted in collective trauma include the Holocaust, slavery in the United States, the Atomic bombings of Hiroshima and Nagasaki, and the September 11, 2001 attacks. One researcher describes the collective traumatic event as “a cataclysmic event that shatters the basic fabric of society. Aside from the horrific loss of life, collective trauma is also a crisis of meaning.”

***Why it Matters.*** Mental health researchers are already anticipating that there will be collective trauma associated with the COVID-19 pandemic. In the broadest sense this collective trauma will be experienced globally, but more specifically collective trauma will be experienced disproportionately by certain subgroups of people exposed more directly to the impact of the pandemic, such as health and mental health care workers. Anticipating the mental health needs of these workers is vital, not only for their own personal well-being, but to assure that these valuable workers will recover and be healthy and able to continue serving others, including those also impacted by the pandemic.

At this time, it is uncertain how long this pandemic will last or how long it will be before some sense of normalcy is restored. It is critical, however, to plan now for mental health interventions to be put in place in anticipation of the emotional and psychological needs of these front-line workers. Based on our knowledge of trauma, and by extension collective trauma, we can anticipate that many of these individuals will experience Post Traumatic Stress Disorder (PTSD), anxiety, depression and substance use disorders. The impact of these

disorders will include absenteeism, disability and unemployment, which compounds health care and mental health care access issues, personal suffering and suicide.

MHANYS is committed to the preparation of supportive interventions to be in place ahead of the expected impact of the COVID-19 and the aftermath associated with the pandemic. Responding to trauma early is critical for helping to assure timely recovery. Waiting until the symptoms of collective trauma to appear is too late.

***What's the Recommendation for Legislators?*** *MHANYS urges the Legislature to take immediate steps to prepare for the delivery of trauma informed mental health and wellness resources to support the anticipated needs of health care and mental health care workers impacted by collective trauma associated with the COVID-19 pandemic.*

## **Housing: “Bring it Home: Better Funding for Better Care”**

***What's the Issue?*** Over the past several decades, the funding for the various NYSOMH sponsored/licensed/funded mental health housing programs in New York that are home to people with mental illness and those in recovery has not kept pace with inflation, rising administrative costs, and the increasing demands of serving people with co-occurring conditions and the management of complicated medications regimens.

New York is a national leader in caring for those with major psychiatric disabilities. However, without increased resources, many housing providers will have to consider closing or reducing the number of units to meet financial challenges.

***Why it Matters?*** Currently, there are approximately 40,000 New Yorkers with serious psychiatric disabilities participating in these housing programs. These vulnerable residents usually enter the system from state psychiatric centers, prisons, and jails. Housing providers can receive \$7,600 to \$25,000 per person, per year, depending on housing model and geography – these levels are not enough for providers to provide quality care and to comply with their obligations under contract and regulations. Also, by adequately funding community-based mental health housing, our taxpayers will not have to pay for the costs of much more expensive institutionalization, hospitalization, emergency care, incarceration, and homelessness.

***What's the Recommendation for Legislators?*** *MHANYS is calling on the Governor and the Legislature to provide additional funding to support to support existing NYSOMH sponsored/licensed/funded mental health housing programs in New York. NYSOMH sponsored/licensed/funded mental health housing programs in New York.*

## **Community Investment**

***What's the Issue?*** The original Community Mental Health Reinvestment Act was signed into law in December 1993, establishing the state government's commitment to provide substantial new resources to fund the development of community services. The basic principle behind the legislation is that funds saved from downsizing the state hospital system through closures and census reductions must be "reinvested" to create more community-based services.

***Why it Matters?*** Though decades have passed since the original Reinvestment Act was signed into law, the public mental health system continues to struggle to develop comprehensive community-based treatment and rehabilitation systems for persons with mental illnesses. Continued reduction in state psychiatric hospital beds, which includes the reduction of census and possible long-term facility closures, is expected to result in a cost savings. Over the years, MHANYS has played a lead role in working with the state to secure commensurate funding for community-based mental health services such as supported housing, peer support, crisis intervention, and family engagement services.

***What's the Recommendation for Legislators?*** *MHANYS is committed to advocating for State savings, achieved through the closing of state psychiatric beds, to be appropriately reinvested in the community-based mental health system of care.*

## **Mental Health Information and Resources in the Workplace**

***What's the Issue?*** Federal statutes such as Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) provide certain protections for people with disabilities, both physical and mental, but there is often confusion in the workplace about how these laws apply to people with psychiatric disabilities. For example, application of the reasonable accommodations standard to people with mental illnesses is not as intuitive as accommodations for individuals with physical disabilities, like installing wheelchair ramps, for example. All too often, employers and employees aren't even aware that the reasonable accommodations provision also applies to people with mental illness, much less how the standard can be applied.

In addition, there is still a significant level of mental health stigma reflected in the workplace. Stigma is often rooted in a lack of knowledge about mental health and in the workplace specifically, a lack of acknowledgment or clearly articulated policies about mental health.

***Why it Matters?*** While workplaces across New York make policies and best practices regarding physical health issues and accommodations clear, similar practices do not exist for mental health. Among small businesses without Human Resource departments in particular, many employers are unsure of the best practices regarding employee mental health and wellness. Creating a workplace culture of acceptance of mental health, standardized best practices across departments and different labor industries, and creating a nexus between New York State Departments of Mental Health and Departments of Labor will provide greater access to mental health resources and workplace support. Encouraging parity between physical and mental health, the presence of mental health information and resources in the workplace will

work to prevent stigma around mental health issues while providing necessary resources encouraging proactive and positive mental health.

Due to the COVID-19 pandemic, these recommendations are more important than ever. As New Yorkers begin to return to their places of employment following the phasing out of the NY Pause order, it is imperative that workplaces are prepared to play a role in enhancing mental health awareness and overall mental health literacy with an emphasis on employee rights.

***What's the Recommendation for Legislators?*** MHANYS recommends two actions that have the potential to immediately contribute to workplace mental health literacy, awareness, stigma reduction, healthy habits of self-care, and the pursuit of professional care when needed. These actions include: 1) mental health postings in the workplace; and, 2) voluntary guidelines in the workplace.

## **Medication Access - Prescriber Prevails/Pharmacist Administered Long-Acting Injectables**

***What's the Issue?*** Prescriber Prevails is a provision in New York State Medicaid law that gives medical providers and patients the right to have final say when it comes to medical decisions. This means that when it comes to disputes with Medicaid about covering medications prescribed to patients, a patient's doctor or other health care provider has the final say when they can prove a specific medication is medically necessary. This provision only applies to a selected group of medications.

Long-acting injectable (LAI) medication is the standard of care for many patients with serious mental illness and for those with alcohol and opioid use disorders. Such medications, administered monthly, are particularly useful in treatment of patients who are at risk of disruption to their treatment or recovery and may not be fully adherent to daily medications. This is true even under normal circumstances, however, the COVID-19 pandemic has caused disruptions in patients' access to LAIs as many providers have closed and/or moved to telemedicine. Extending the authorization for pharmacists to legally administer LAIs would greatly increase patient access to their medication and thus contribute to treatment adherence.

***Why it Matters?*** Both prescriber prevails and pharmacist administered long-acting injectables represent policies that facilitate consistent access to mental health and substance use disorder treatment and recovery medication. Convenient access contributes to better behavioral health outcomes, health and recovery. Any restriction put on the types of medications available for

proper patient treatment is an obstruction placed in between a patient and their doctor that prevents the patient from getting the medical care that they need.

***What's the Recommendation for Legislators?*** *MHANYS urges the legislature to 1) protect and retain prescriber prevails protections in this year's Executive Budget and in future proposed budgets, and 2) urge the Governor to consider issuing an executive order to expand the scope of practice for LAI administration to pharmacists, especially during the COVID-19 pandemic.*

## **School Mental Health Resource and Training Center**

***What's the Issue?*** In 2018 the NYS Assembly invested \$1 million in the School Mental Health Resource and Training Center to ensure that schools succeed in meeting the legislative intent of these laws. The Center was established by the Mental Health Association in New York State, Inc. (MHANYS).

With the first year of Legislative funding, MHANYS developed the infrastructure of the Resource Center, including state-wide staff available for technical assistance and training, and a dynamic interactive website. This has positioned the Resource Center to support a school's efforts in sustaining K-12 mental health instruction and providing professional development to school personnel.

***Why it Matters?*** Many additional schools are discovering the value of the Resource Center every day. This growth underscores the significant need that schools have for mental health instruction, guidance and training.

MHANYS is committed to helping schools succeed in responding to the mental health education law and annual mental health training for school personnel.

***What's the Recommendation for Legislators?*** *MHANYS is pleased that the proposed Executive Budget for 2020 includes up to \$500 thousand to fund the Resource Center. MHANYS is seeking an additional \$500 thousand dollars to support an expansion in its ability to provide teachers and school leaders with mental health training and to support family engagement.*

## **Mental Health Training for School Personnel**

***What's the Issue?*** Legislation signed into law in 2016 now 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. Teachers and other school personnel, however, are not currently required to have any training in mental health.



**Why it Matters?** 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.

**What's the Recommendation for Legislators?** *MHANYS supports the passage of S.7612 (Carlucci)/A.9806 (Fernandez) which would require all holders of a professional certificates in the classroom teaching service, all holders of a level III teaching assistant certificates, and all holders of professional certificates in educational leadership service to receive three hours of mental health training annually.*

## Enhanced School-based Mental Health Services

**What's the Issue?** Simply put, there aren't enough qualified mental health professionals in schools, and there's a general lack of other therapeutic supports, capable of meeting the growing mental health needs of students.

**Why it Matters?** 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. In fact, the suicide rate among youth has risen by 56% between 2007 and 2016.

**What's the Recommendation for Legislators?** *MHANYS is seeking funding of several enhancements for schools to support more School Counselors and more School Social Workers as well as therapeutic after-school mental health services.*

## Mental Health Based Absences from Primary and Secondary School

**What's the Issue?** At least two states in the U.S. have passed legislation that establish mental health days as legitimate excused absences from school on par with sick days for physical illnesses. Although they take different approaches, both Oregon and Utah have passed laws allowing students to take time off from school due to mental health. In New York, each school district establishes its own policies regarding what constitutes an excused absence within state guidelines. There is currently no law that requires, allows or encourages schools to include "mental health days" in their policies regarding acceptable reasons for excused absences.



**Why it Matters?** Mental illnesses and the symptoms associated with developing mental health challenges impact students in many ways, affecting their academic performance, maturation, relationships, prospect for graduation and much more. Bouts of depression and anxiety can be just as debilitating as many chronic health conditions and when a student is experiencing the symptoms associated with mental health conditions it can impair their ability to function in school. Just as with physical illnesses, people with mental health conditions need the ability to take a break from the demands of school in order to rest, heal and seek professional treatment when necessary. When public policies reflect an appreciation for parity between mental health and physical health it helps to reduce stigma and supports norms which acknowledge the seriousness and legitimacy of mental illness.

**What's the Recommendation for Legislators?** *MHANYS supports the concept of mental illness as a legitimate grounds for excused absences from school and supports legislation that encourages parity between physical health and mental health in school absenteeism policies.*

## **Suicide Prevention: Model School Policy**

**What's the Issue?** Schools can play a critical role in suicide prevention and intervention efforts for youth in crisis. Unfortunately, according to The Trevor Project, over 1/3 of New York school districts do not currently have a suicide prevention policy and there is currently no legal requirement for them to have such policies. When youths are in crisis, it is essential that the adults around them be equipped to recognize issues and respond appropriately. It is equally important that those in crisis be able to access resources that provide care, support and safety.

**Why it Matters?** The Centers for Disease Control and Prevention (CDC), reports that among high school students in New York in 2017, 17.4% seriously considered suicide and 10.1% made non-fatal suicide attempts. Each year, 4,600 children and teens, age 10-19, die by suicide making it the second leading cause of death for that age group.

**What's the Recommendation for Legislators?** *Urge lawmakers to support S.7138-A(Hoylman)/A.9032-A( Lentol) which would require all New York school boards to adopt a policy on student suicide prevention, intervention, and post-vention for grades 7 to 12.*

## **Whole Health Equity and Mental Health Literacy for Colleges**

**What's the Issue?** The policies and practices of how colleges and universities deal with student mental health challenges is not always fair or helpful, and can at times add to the burden that students have to manage. Whole health equity means that mental health challenges are treated the same way as physical health challenges when it comes to a student's need for accessing help and/or certain accommodations made to the student's schedule, such as when, for example, a leave of absence is needed. A related need is for an increase in student mental

health literacy, which has been shown to increase help seeking behavior and reduce stigma, which represents a significant barrier to getting help. Increased awareness and knowledge about mental health also empowers students to advocate on behalf of their own health equity rights and needs.

MHANYS wishes to draw policy maker attention to several areas of concern that would benefit from increased awareness among legislators. We recommend three areas of focus for policy makers to explore when considering ways to enhance whole health equity and the fostering of mental health literacy in New York's colleges and universities. These include:

- Timeliness in meeting students' immediate need for initial mental health evaluation and services for students experiencing a mental health crisis or who are otherwise in distress;
- Mental health awareness training policies for college personnel commensurate with physical health awareness training such as first aid, CPR, disease and injury prevention, etc., and;
- Leave of absence and return policies, and reasonable accommodation policies geared toward avoiding leaves of absence when possible.

***Why it Matters?*** For most college students the period of time engaged in higher education represents a critical period of development in their lives and marks a period of time that can have serious implications for success in later life. Students are independent adults navigating the challenges of academic life and independent living for the first time apart from direct parental guidance. Yet, at the same time they are entrusted to the care and supervision of colleges, which bear significant responsibility for student safety and well-being. With this in mind, consider that many mental illnesses reach crisis levels in college often among students with symptoms that may have been present for some time and either went unnoticed or unattended to. Mental illness among college students is on the rise as colleges struggle to adequately meet the need for mental health services and supports for students with psychiatric disabilities. The rate of moderate to severe depression among U.S. college students rose from 23.2% in 2007 to 41.1% in 2018, while rates of moderate to severe anxiety jumped from 17.9% in 2013 to 34.4% in 2018. Twenty percent of all students surveyed had thought about suicide, while 9 percent reported having attempted suicide and nearly 20 percent reported self-injury.

***What's the Recommendation for Legislators:*** *Ask lawmakers to create opportunities to hear from a broad and diverse field of stakeholders including students, college officials, mental health advocates, clinicians, parents, higher education stakeholders and civil rights advocacy groups with the objective of identifying needed public policy interventions. MHANYS recommends either a legislative hearing or a "round table" discussion devoted to this issue.*

## Supporting Mental Health Literacy

**What's the Issue?** Mental Health Literacy is an extension of Health Literacy and is defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”. Raising peoples’ mental health literacy has been shown to increase knowledge and awareness about mental health in ways that lead to increased willingness to seek help from professional sources and results in more positive attitudes about mental health.

**Why it Matters?** Although some 20 percent of Americans will have a diagnosable mental illness at some point in their lives only about 40 percent of these individuals will seek professional help, and those that do seek help will wait an average ten years from the first onset of symptoms. Untreated mental illness can lead to a host of secondary problems such as substance abuse, academic performance issues, unemployment, relationship problems and legal trouble. Raising mental health literacy helps mitigate the barriers to seeking help such as lack of knowledge and stigma.

**What's the Recommendation for Legislators:** *MHANYS will advocate for additional funding for training in Mental Health First Aid, Youth Mental Health First Aid and other versions of MHFA tailored for special populations such as older adults.*

## Crisis Intervention Teams

**What's the Issue?** The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access mental health treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis.

**Why it Matters.** CIT provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness and/or addictions. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change. New York has worked hard over the past several years to become a leader in CIT training thanks to vital funding from the New York State Legislature and the Governor and the leadership of our Mental Hygiene Chairs who have worked tirelessly in funding this initiative.

***What's the Recommendation for Legislators:*** *MHANYS believes strongly in the power of CIT to transform the manner in which law enforcement and other first responders relate to members of our communities with mental health needs. We will therefore continue to advocate for additional funding for statewide Crisis Intervention Teams including the expansion of programs beyond counties that already have CIT.*

## **Adverse Childhood Experiences (ACEs)**

***What's the Issue?*** According to the CDC, adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years), such as experiencing violence or abuse, witnessing violence in the home or community, or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, instability due to parental separation or household members being in jail or prison. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented.

***Why it Matters.*** A growing number of communities are using trauma-informed and resilience-building practices based on the knowledge about the prevalence and consequences of ACEs. State and local level ACEs data can be an important tool in developing behavioral health prevention initiatives and ACEs testing can reveal important predictive and diagnostic information about individuals.

***What's the Recommendation for Legislators:*** *MHANYS is committed to educating legislators about ACEs and helping them explore possible legislative interventions to increase public awareness about ACEs and support trauma-based care initiatives. MHANYS will seek legislative interventions to increase public awareness about ACEs and increase the voluntary use of ACEs testing in settings such as education, primary care setting, public health departments, social services agencies, faith based organizations and in criminal justice.*

## **Veterans and Military Families**

### ***PFC Joseph P. Dwyer Veteran Peer Support Program***

***What's the Issue?*** Launched in 2012 as a pilot project the PFC Joseph P. Dwyer Veteran Peer Support Program takes a confidential, one-on-one, peer-to-peer approach to overcoming these barriers. The mission of the Dwyer Project is to assist Veterans, service members, and their families to achieve and sustain personal health, wellness, and purpose in their post-service lives through the support of trained veteran peers. The Dwyer Project was initially launched in

the counties of Suffolk, Jefferson, Saratoga and Rensselaer at the initiative of then-New York State Senator, now U.S. Congressman, Lee Zeldin. The program has since expanded to a total of 23 projects across New York State.

***Why it Matters?*** According to the RAND Center for Military Health Policy Research 20 percent of the vets who served in either Iraq or Afghanistan suffer from either major depression or post-traumatic stress disorder. 19.5 percent of vets in these two categories have experienced a traumatic brain injury. These three service-related disorders alone have an enormous impact on the demand for veteran mental health treatment. Unfortunately, veterans with mental health needs are often reluctant to get help for a variety of reasons including stigma, shame, embarrassment and fear of being perceived as weak. The peer to peer (i.e., vet-to-vet) approach of the program helps to overcome these barriers. The program allows for complete anonymity without fear of reprisal. The program's goal is to link Veterans together for socialization and friendship and ultimately, if needed, a greater willingness to seek and receive mental health care.

***What's the Recommendation for Legislators?*** *Advocate for renewed funding to continue the Joseph Dwyer Peer to Peer Project and expand the program to include additional counties. We would also advocate for greater involvement of families within the funding model.*

## Geriatric Mental Health

***What's the Issue?*** Geriatric Mental Health legislation was signed into law fifteen years ago and set up demonstration projects across New York State. The projects continue to exist and are providing the seed work for expansion of geriatric mental health services. The reality is that it is impossible to expand the scope without new funding. There has been no new funding increase since the demonstration projects were created fifteen years ago.

***Why it Matters?*** The number of older adults with mental illness in the United States will double from 2000 to 2030, and the number of adults aged 65 or older who have mental illness in New York State is expected to increase by 56 percent, from 495,000 in 2000 to 772,000 people in 2030. This dramatic increase in the number of older adults who will require mental health services raises concerns about the ability of health, mental health, and aging services to provide adequate access to services that respond to the unique needs of older adults in a coordinated way. Additionally, The projected growth of cultural minorities in the older adult population, the projected decrease in the proportion of working age adults, and the fact that

fewer than 25 percent of older adults with mental illness currently receive treatment from mental health professionals, present additional challenges.

***What's the Recommendation for Legislators?*** *MHANYS is calling on the Legislature to 1) Convene a hearing or round table on older adult mental health in the New York State Legislature, and 2) Double the annual budget of the New York State geriatric mental health demonstration projects from \$2 million per year to \$4 million per year.*

## **Discrimination Against Parents with Disabilities**

***What's the Issue?*** NYS Social Services Law (SSL), subdivision 6 of §384-b is discriminatory against parents diagnosed with a psychiatric or developmental disability. This law discriminates on the basis of disability.

The law includes a number of grounds on which one can lose their parental rights including abandonment, permanent neglect, severe and repeated abuse and subsection 6, which is the subject of MHANYS concern, and states that "...presently and for the foreseeable future (the parents are) unable, by reason of mental illness or intellectual disability, to provide proper and adequate care for a child..." The law as written allows for the presumption of inability to parent based on a diagnosis when each of the other grounds is based on behavior.

***Why it Matters?*** Despite all the major changes that have been made to alleviate the stigma of mental illness from society, there are still many areas in which stigma is still incredibly pervasive. One of those areas is for parents with psychiatric disabilities. Over fifty percent of all adults in the mental health system are parents. Decisions to terminate parental rights should be based on behavior and not condition. To use mental illness as grounds for permanent termination is an archaic vestige of an outmoded and discredited view of mental disabilities still reflected by a law written almost fifty years ago. It is also a discriminatory practice that treats people with psychiatric disabilities and developmental disabilities as second class citizens without the same rights as individuals without these disabilities.

***What's the Recommendation for Legislators?*** *MHANYS strongly supports putting an end to a law that patently discriminates against parents with psychiatric disabilities and parents with developmental disabilities. In New York State, we are urging the elimination of diagnosis from any criteria involving the termination of parental rights. Never should a New Yorker lose custody of their child simply because of their diagnosis.*

## **Helping People with Addiction Disorders**

***What's the Issue?*** MHANYS is greatly concerned over continued legislative efforts to expand gambling in New York State and to legalize the recreational use of marijuana. We are especially

concerned about the impact that these policies will have on those struggling with, or vulnerable to, mental health related challenges.

***Why it Matters?*** MHANYS recognizes that addiction disorders, including substance use disorder and problem gambling, are themselves mental health disorders and are often co-morbid with other mental health disorders such as depression and anxiety. During the midst of an opioid addiction crisis, state lawmakers need to be focused on ways to fight this epidemic instead of pursuing inconsistent public policies that will fuel other types of addictions and further compromise peoples' mental health. Sixty percent of individuals suffering from Disordered Gambling, the most severe form of the problem, are also suffering from a co-occurring psychiatric disorder. Similarly, increased access to marijuana because of legalization will jeopardize the developing brains of our youth and has been shown to increase the incidence of psychosis among regular users.

***What's the Recommendation for Legislators:*** *MHANYS opposes public policies such as gambling expansion and the legalization of recreational marijuana that are detrimental to people with addiction and mental health disorders and to those who are vulnerable to developing disorders. We also urge that appropriate funds be dedicated to the fight the opioid epidemic and problem gambling, including funds for research, education, prevention, treatment and recovery.*

## **Criminal Justice: Medicaid Upon Release**

***What's the Issue?*** Federal law prohibits states from using federal Medicaid matching funds for health care services provided to adult and juvenile inmates of public institutions, except when the inmate is admitted to an off-site hospital or other qualifying facility for at least 24 hours. New York is among 17 states that suspends rather than terminates Medicaid benefits for the full endurance of an inmate's incarceration. Suspending Medicaid allows the state to reactivate coverage more quickly than re-enrolling individuals after their release and allows correctional agencies to bill Medicaid for allowable inpatient expenses. However, there is still often a gap in Medicaid coverage when the suspension is lifted, upon an inmates release causing disruption in the released individual's ability to access services, prescription medication and care coordination.

***Why it Matters?*** Many incarcerated individuals need continuing care *upon* release to treat their chronic medical conditions and behavioral health disorders. More than 20 percent of the prison population in New York has a mental illness and an estimated 65 percent of incarcerated individuals have a substance use disorder. And approximately two-thirds of justice-involved youths have a diagnosable mental health or substance use disorder. Although in New York an estimated 80 and 90 percent of state prison inmates are likely eligible for Medicaid, there can still be a period of time between an inmate's release date and the reactivation of Medicaid, causing potentially harmful gaps in services and medication. In order to insure continuity of



care for these individuals, a remedy is needed to eliminate any gap in Medicaid coverage that could interfere with the released individual's treatment and recovery.

***What's the Recommendation for Legislators?*** MHANYS supports efforts by New York State's Department of Health to secure approval from the Centers for Medicare and Medicaid Services (CMS) for an amendment to its Medicaid Redesign 1115 Demonstration. This would authorize federal Medicaid matching funds for the provision of targeted Medicaid services to eligible justice-involved populations and "re-activate" access to Medicaid billing beginning 30-days prior to release for Medicaid-enrolled incarcerated individuals who have two or more chronic physical/behavioral health conditions, a serious mental illness, or HIV/AIDS, or opioid use disorder.

*Further, because a federal remedy is needed, and therefore a state legislative solution is not possible, MHANYS also supports H.R.1329 (Tonko), also known as the "Medicaid Reentry Act", which would remove limitations on Medicaid 30 days prior to an inmate's release from jail.*

## **Mental Health Parity**

***What's the issue?*** MHANYS has been very involved in issues of mental health parity for many years and co-chaired the Timothy's Law campaign dedicated to assuring full mental health parity in all insurance plans. Parity means that mental health coverage should be covered at the same level as physical health care. While some commercial insurance plans have taken their responsibilities seriously regarding the provision of full parity benefits, there are other plans that have unnecessarily denied benefits based on definitions of medical necessity.

***Why It Matters?*** It is estimated that worldwide the loss of worker productivity to mental health is over one trillion dollars. In the United States alone, the numbers are estimated to be between \$80 and \$100 billion a year. The lack of a robust coverage for mental health and the high rates of denials have forced many families to forgo mental health coverage or pay for very expensive private coverage. The high rate of denials has left families bankrupt, and the lack of network providers has left mental health providers underpaid and undervalued.

***What's the Recommendation for Legislators?*** *MHANYS supports the recent work of the Governor that creates a greater priority around mental health parity. The Office of Mental Health has developed medical necessity criteria to insure that insurance plans abide by best standards and practices. Plans will not be able to reject coverage if the medical necessity criteria are not consistent with the OMH protocol. In addition, the Department of Financial Services has hired more staff to review plan criteria to make sure people are not wrongfully denied coverage. The Office of Addiction Services and Supports also runs the State Ombudsman program to help individuals navigate parity and access help with appeals.*

*The Legislature should continue to support these important initiatives and fully support resources to insure individuals are not denied benefits unnecessarily or unlawfully.*

## **Adult Home Reform**

***What's the Issue?*** For many years, MHANYS has been involved in issues surrounding adult homes that house a large percentage of people with mental health related issues. Over 12,000 individuals with mental health diagnosis reside in adult homes in New York City. As reported by advocates and the news media, many of these home are overrun and are in deplorable conditions. With regard to the recent COVID-19 pandemic, there are residents from many of these homes who have been diagnosed with the virus because of close contact with each other in these congregate settings.

***Why It Matters?*** Many people with mental health related issues in adult homes could live much more independent lives with supports in the community. The court settlement reached several years ago calls for the transition of thousands of people in adult homes to more independent settings. Despite additional resources and engagement with Health Homes and Housing Providers, only a small subset has moved to more independent housing. Many individuals with mental health related issues continue to live in large congregate care settings in abysmal conditions.

***What's the Recommendation for Legislators:*** *The Legislature needs to take an active role in ensuring that adult homes, and the transition to the community integration, have appropriate legislative engagement and oversight. In addition, the legislature should insure that residents of adult homes receive any PNA increases that adult homes receive. The Legislature should also expand the role of the Justice Center to have the ability to engage with adult home programs with under ninety beds.*