



## Mental Health Association in New York State, Inc.

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Testimony of

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New York State Senate Joint Senate Task Force on Opioids, Addictions & Overdose  
Prevention

**The Impact of COVID-19 Pandemic on the Overdose Crisis**

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### **HEALTHY MINDS FOR A HEALTHY NEW YORK**

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Thank you to the members of the Committee for holding this hearing on a subject of such importance to all of us in the community.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). We are an organization of 26 affiliates in 52 counties and most of our members provide community based mental health services, but all of our members are mission driven and provide advocacy, training, education and anti-stigma work in their communities.

In the almost two decades I have been in this position, I have never witnessed a behavioral health crisis quite like this pandemic. The isolation, depression and anxiety increases have been well documented but sadly resources are still largely unaddressed with limited additional funding.

As behavioral health advocates, we are very fearful of the immediate consequences of COVID through the increase in the anxiety and depression among all age ranges, geographic and ethnic groups and the high number of suicide completions among young people in communities of color as well as the significant rise in overdose deaths.

I am wearing two hats today---one as the advocate for MHANYS where members have been put to the test every day to response to these crises and the other as a family member who's loved one is in long term recovery from a substance use issue.

My MHANYS hat is based on comments from my members and colleagues in the community about how we can respond to this crisis.

First, we want to thank you and Governor Hochul for your leadership in passing legislation that provides for Medication Assistance Treatment in prisons and jails. This was a long time coming and so needed for individuals that are incarcerated. Rates of recidivism will dramatically decrease. Sadly, within three months of release from custody, 75% of people who were in prison or jail with an opioid use disorder experience a relapse to opioid use. MAT in combination with counseling will hopefully help reverse that trend. Your work on this is greatly appreciated.

From our MHANYS hat, here are a series of recommendations that we believe will play a role in reducing overdose death;

**A) Workforce, Workforce, Workforce**

All sectors of our economy have been facing pressures in the ability to hire quality staff. There is especially true in the behavioral health community where we face huge vacancy and turnover rates that border on over 35%.

The folks that work in our field are mission driven but you can't go to the supermarket and use your mission driven card to pay for food. It doesn't work. They need real wages that are competitive with other sectors.

Through your leadership last year, we had the first COLA in over a dozen years. Every year outside of last year, the budget included COLA language for the human service workforce and every year one of the sad budget traditions is that this language was always struck out of the final budget. Now moving forward, the language has been sunset so it is not even in the budget after March 31<sup>st</sup>.

Hundreds of millions of dollars that would go to staff to provide training, counseling, addiction treatment, housing, peer and family support and care management were lost because it was not a priority to fund the COLA. How many people's lives would have been enhanced by this funding? Sadly, we will never know the answer.

Well this year, with a new Governor, a better budget outlook and the strong relations with the Legislature, we will be advocating strongly that there be a 5.4% cost of living increase for the behavioral health sector. Measured by the Consumer Price Index, the COLA is at 5.4%. The flexibility inherent in the COLA will provide agencies with ability to pay more to staff and help subsidize the cost of doing business by helping to pay increased health care costs, energy costs and other factors that impact the running of an agency.

This is the most significant issue we have in the budget and we urge your support to begin to make whole the need that is out there to support our staffs.

While 5.4% increase is a huge step forward, the years of neglect actually have made things more difficult for people in the addiction field. We need a New York State version of the Federal Relief Act to make significant down payments on the funding we have lost in the past.

We urge legislative support for the 5.4% increase in the Consumer Price Index and additional funding through a New York type Relief Act to help support the behavioral health needs of these in our community.

We also urge support for legislation introduced by Senator Harkham S 6319 which sets standards for addiction professionals.

Workers like my son who is a CASAC enter the workforce because of their belief in recovery. Creating career advancement pathways for addiction professionals would keep talented people in our behavioral health workforce.

#### Recommendations in Workforce

- 1) Support a 5.4% Consumer Price Index enhancement for individuals in the behavioral health sector
- 2) Support a New York version of the Federal Relief Act that would provide sustainable funding for the long term for the behavioral health workforce.

- 3) Support S. 6319 that will help create career ladders for addiction professionals so that they stay in the field.

## **B) Role of Families**

Wearing my family member hat, I can tell you first hand that there is a dearth of programs related to educating families about addiction disorders. My wife and I were in crisis and we didn't know where to turn at the end of the day and we are people who are well informed about community services. For those who are facing a crisis for the first time, immediate support and resources are necessary. There are some promising programs out there and some wonderful counselors dedicated to this mission but when an addiction crisis takes hold, the entire family is impacted.

We need to create a comprehensive strategy that will bring families into discussion about engagement and support for their loved ones. Often times they are the only contact point for their loved ones in crisis.

At MHANYS, we are working on a promising program, supported by the Office of Mental Health, that creates a Whole Health approach to responding to the behavioral health needs of both families and their loved ones. The program is referred to as Care Path and to date we have trained over a hundred individuals across New York State to become Care Path Coaches to help engage the entire family. These Coaches would then have a certification that would enhance their skill set to help individuals in the addiction and mental health communities to achieve a whole health approach to recovery that engages the entire family. We urge continued support for this program.

### Recommendations

- 1) Work with OASAS and stakeholders around a comprehensive strategy to engage families through funding engagement and support services, family tool kits and family and peer advocates embedded in program across New York State
- 2) Enhance funding for the CarePath™ model that engages the family and individual directly in a path to recovery through a compassionate model of care that recognizes both roles and how to successfully engage during and after a crisis

## **C) Crisis Services**

Through federal funding and State priority, New York is in a position to reform crisis services as never before. The addition of 988 across the country in July of 2022 makes it even more of a priority. We thank Senator Brouk for her leadership in this area and we also want to acknowledge Commissioner Sullivan at OMH and the leadership at OASAS for their role in responding to the need that it out there.

Currently, crisis services for those with behavioral health needs is a hodgepodge of services based completely on which county you are in. Some counties have robust mobile crisis teams and some have very limited responses to crisis services.

The need is overwhelming for someone who is in an overdose or mental health crisis. For most people the fallback is calling 911 and getting an ambulance come and take your loved one to a hospital or worse as we have sadly witnessed, the response that ends up with someone in an addiction or mental health crisis in handcuffs or dramatically harmed.

We must do better. We need a coordinated crisis strategy that brings together 988, mobile crisis teams and Crisis Stabilization Centers or as we would rather call them Urgent Care Centers for those with behavioral health needs.

Those Centers must be appropriately funded so that providers in the community can come together and create care centers that include a psychiatrist, clinical team, substance use counselors and peers and families to address those who come in during a crisis. In addition, in the case of substance use services, there must be immediate access to appropriate medication whether it be Sab Oxone, Vivitrol or Naloxone.

We must pass a version of Daniel's Law that brings communities together so we don't have the kind of awful outcomes as we so in the case of Daniel Prude and others. We must also enhance police officer training in behavioral health through models like Crisis Intervention Teams and Mental Health First Aid.

#### Recommendations

- 1) Support full funding for 988 through an excise tax on mobile phones much like the model that is used to fund 911.
- 2) Support both infrastructure and program funding for Crisis Stabilization Centers and Mobile Crisis Teams. There needs to be funding in place to support providers so they do not lose funding when implementing mobile crisis teams and stabilization centers. Insure a strong role for peers and families
- 3) Support Daniel's Law
- 4) Support CIT and MHFA funding for law enforcement
- 5) Immediate access to MAT is essential in regard to crisis services. We must insure that those with addiction disorders receive long acting injectables if needed through immediate access. We support A. 3040 (McDonald) which would authorize pharmacies to administer Long Acting Injectables (LIA). Both Naltrexone and Sub Oxone come in long acting injectable form

## **D) Education**

MHANYS and our members have been on the cutting edge of mental health support in schools. The passage in 2018 of legislation that mandated instruction of mental health in schools has blossomed across the State through helping to change school environments around mental health.

We all know that much more needs to be done. We have worked hard to create inroads in schools but we also know that mandating substance use and mental health education are not enough.

The statistics around young people and self-harm, even before COVID, are startling. One in 9 young people have seriously considered suicide completion. Since COVID, 1 in 4 people between the ages of 16-24 have seriously considered suicide completion.

We have to do better for our loved ones. There are some tangible ways that we can support increased education for schools and families.

More attention and funding has to be paid to Prevention Resource Centers, School Based Clinics and Mental Health Clinics in Schools.

We are all aware of the co-occurring mental health addiction disorder linkage that has resulted in many individuals facing both a mental health and addiction crisis and not knowing where to turn. If we can educate at a younger age than we can help prevent future addiction.

### **Recommendations Around Education**

- 1) Creation of Model Work plans and Curriculums that address the co-occurring needs of young people. We must foster greater collaboration between mental health and substance use curriculums in schools
- 2) Support funding for more counselors in schools to address the growing mental health and addiction needs
- 3) Insure that there is integration between prevention resource centers and mental health providers in schools and in the community. The Prevention community in both mental health and substance use should work together in a collaborative way. Prevention tools in mental health should be incorporated into prevention resource centers.
- 4) Utilize the MHANYS School Mental Health and Resources Training Center to educate families about substance use and mental health through collaborations with PTAs, School Boards and Teachers Organizations.

The complexity of substance use overdoses is a health crisis that needs immediate attention. We hope that these series of recommendations will help to enhance this discussion and support our loved ones in their path to hope and recovery.