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Mental Health Association in New York State (MHANYS) Response to the 1115 Waiver

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The Mental Health Association in New York State (MHANYS) is comprised of 26 affiliates in 52 counties across New York State. Many of our members provide community based mental health services but all our member provide education, training and advocacy around our shared beliefs in recovery and ending the stigma and discrimination that exists for people with mental health related issues.

The State organization has been in existence since 1960 and works closely with our members around training, advocacy and educational efforts. Our initiatives and programs, both at the State and Local Level, are about positive mental health and advocacy across the life span for all individuals in New York.

Thank you for the opportunity to respond to the 1115 Waiver.

There are several areas in which we will respond.

Role for Community Based Organizations and Response to Social Determinants of House in Communities of Need

While there was much that was positive about the experience with DSRIP, one of the prime concerns we had throughout the process was lack of engagement with Community Based Organizations (CBO's).

Much of the funding and programming was driven by larger health care institutions and as a result many of the smaller CBOs including those in the mental health delivery system represented a small portion of DSRIP.

There is hope that through HEROS, CBO's will have greater participation and representation. Many of the CBO's, including our members, are embedded in their communities for many years. They know the people in their communities and have a strong grasp around their engagement and support. We felt that was an important piece missing from DSRIP. The 1115 Waiver provides an opportunity to scale up the CBO's in mental health and across the health care spectrum.

We are pleased to see the greater emphasis taking place specifically around Social Determinants of Health. That is the lifeblood of many community providers. The composition and mission of the CBOs, especially in communities of greatest need, would be natural allies in supporting social determinants. To not provide them with equivalent status with larger entities would lose out on a skill set they have developed over many years.

Recommendation 1
The Department of Health, along with OMH, OASAS, OPWDD, OCFS and OTDA must insure that all HEROS meet a specific threshold of inclusion that at least fifty percent of their membership and Workplan implementation committee be comprised of CBO's

Governance Structure: Inclusion of Mental Health Agencies and Individuals of Color

Within the framework of a HERO governance structure, it is important to have representation from a mental health entity as well as individuals of color. Much of the authority that will drive implementation comes from the HERO. It is important to have the voice of the mental health community and the voice of the Black and Brown community as part of a leadership team.

Recommendation 2:
Mandate that every HERO across New York State include a mental health entity and individuals of color as part of their governance structure

Discharge Planning in Hospitals

One of the most significant pieces of the 1115 Waiver is the recognition of the importance of providing in reach Medicaid services, including care management, discharge planning, clinical consultant services, peer support and medication management for thirty days prior to release from a correctional facility. MHANYS has long supported this reform and very much appreciates the Department of Health for inclusion in their proposed plan to CMS.

We think that there should be a similar structure in place for individuals leaving hospitals. In reach thirty days prior to release from hospital should be included as part of the 1115. Many of the same issues that happen to someone in the criminal justice system occur for long term hospital stays. The concern that individuals would end up back in emergency rooms because they did not receive

appropriate in reach and links to potential community providers upon discharge is one that can helped be resolved through a similar process as identified for incarcerated individuals.

Recommendation 3:
We strongly support the prison based mental health plan put forward in the proposal and urge similar resources and structure for individuals hospitalized with a mental health concern.

Workforce

The workforce issue in mental health continues to be a top concern. The pandemic has taught us that the health and behavioral health workforce have proven to be the real community heroes. Unfortunately, many of these talented and dedicated people are often underpaid and leave these not for profit agencies for the private sector. While the mission driven nature of not for profits is a great motivator, it does not pay the rent. That is why we are urging that resources from the Workforce Investment Organizations (WIO) expand their scaled training for home health aids in managed care settings to include mental health agencies as well. In addition, the 1115 waiver could provide an ideal opportunity to further explore career ladders in the behavioral health sector. A statewide workforce committee should be created to help explore those opportunities to keep people in the not for profit sector through funding, career ladders and additional incentives.

Recommendation 4
Earmark 25% of all the WIO money to the hiring and training of the community mental health workforce.

Recommendation 5
Utilize the 1115 waiver and workforce funding to create a statewide workforce committee dedicated to the not for profits that work with the Medicaid population to address issues of funding, career ladders and additional incentives.

Prevention Agenda

Appropriately, there is a lot of discussion in the narrative about the importance of prevention and the State's prevention agenda. In the narrative (Page 6) there is discussion about lessons learned from DSRIP. One of those lessons is greater alignment with the Prevention Agenda. We could not agree more.

However, the issue we have is that the Prevention Agenda as it relates to mental health particularly is not as robust as it should be given the myriad of concerns in the field. For example, while the current section on wellbeing and preventing mental health and substance use disorders includes some incredibly important agenda items including reduction of suicides, prevention of major depressive disorder and reducing mortality gap between people with serious mental health issues and the general population, there are several key items that are missing from this agenda.

This includes:

- Preventing and Addressing Mental Health Concerns across the lifespan including the prevention of mental health issues in K-12, in colleges and in the workplace.
- Preventing and Addressing the rates of unemployment for individuals with mental health issues which is upwards of 80%
- Address needs of BIPOC community in regard to prevention of mental health related issues
- Addressing the mental health parity needs of individuals by insuring access to full parity laws
- Addressing community mental health needs through inclusion of a community based literacy tool such as Mental Health First Aid
- Prevent and Address needs of individuals in a mental health emergency crisis (especially relevant with the implementation of 988)
- Address needs of peers in development of a prevention agenda for community mental health
- Address Needs of families of individuals with mental health concerns
- Address issues of staff turnover as part of a prevention agenda
- Address needs of mental health through access to appropriate medications
- Prevent and Address adolescent mental health issues
- Address and Prevent Overdose deaths through Medication Assistance Treatment (MAT)

Recommendation 6:

Create a more robust set of agenda items as part of the Promotion of Well-Being and Prevention of Substance Use Disorders. Recommendations include the addition of the items that were addressed around lifespan, BIPOC Community, Medication Access, MAT, Children's Mental Health, Employment, Mental Health Literacy, Mental Health Parity, Engagement with Peers and Families, Crisis Services and Staff turnover.

Value Based Payments and Mental Health Outcomes that are Meaningful

One of the concerns that we had throughout DSRIP was the disconnect between outcomes for behavioral health and payment for those outcomes.

Traditional valued based models are important such as medication access and links to clinical care, but there has to be nimbleness built into these VBP's including incentive payments for peer and family engagement (that keeps people out hospitals and in communities), supported employment, supported education, innovative housing programs, school based metal health programs and mental health literacy trainings such as Mental Health First Aid

Recommendation 7:
Include Value Based Incentives that are inclusive of innovative recovery supports for individuals with mental health related issues.

Summary

We feel strongly that in order for the 1115 waiver to succeed in New York that there has to be consistent engagement with behavioral health providers, peers and families. While there have been places in the document where this is addressed, there is nothing in place that mandates the provision of services, governance or workforce to include behavioral health.
On page 11, it is stated that 'HEROS will work on a similar principle, this time transforming New York's healthcare system to be more responsive to, and inclusion of the board range of health, behavioral health, and SCN needs of underserved communities'.

For those lofty visions to occur, there must be greater reliance of CBO's especially related to social determinants and engagement with people of color, governance that is inclusive of community mental health and people of color, a specific percentage of workforce Investment dedicated to mental health, creation of a workforce committee dedicated to incentivizing the workforce engaged with the Medicaid population, discharge planning in hospitals similar to what is recommended in correctional facilities, vast additions to the prevention agenda, value based payments that makes sense for people with mental health related needs and the importance of peers, families and children and youth mental health

Thank you for this opportunity.