



Mental Health Association in New York State, Inc.

Glenn Liebman, MA
CEO

William T. Gettman, Jr., MPA
Board Chair

Testimony of
Glenn Liebman
CEO

Mental Health Association In New York State, Inc. (MHANYS)

Presented to the
New York State Senate Committee on Mental Health
and
New York State Assembly Committee on Mental Health

**Mental Health Crisis Services:
*'From a Patchwork of Services to Pathway to Care'***

May 18th, 2021

HEALTHY MINDS FOR A HEALTHY NEW YORK

194 Washington Avenue, Suite 415 • Albany, New York 12210-2314
Phone: 518-434-0439 • Fax: 518-427-8676 • MHANYS.org

Thank you to Senator Brouk and Assemblymembers Gunther and Bronson for holding this timely and important hearing on crisis services in New York.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). Our organization is comprised of 26 affiliates in 52 counties. Many of our members provide community based services and all of our members provide advocacy, education, support and community trainings. Many of our members provide crisis services. Several of them will be speaking today.

Currently, we have a patchwork of services, different in almost every county, when it comes to responding to crisis in New York. That makes no sense. What we need is a seamless continuum. We're losing too many people between the patches.

How do we get there?

Let me start with two scenarios:

Four years ago, a person I know broke their finger. They went to an Urgent Care Center. They had x-rays done to confirm the break, the PA helped bandage up the fingers and medication was prescribed for their pain. This was all done within an hour.

Six month after that, another person I know was in an addiction crisis. An ambulance was called that took them to a hospital. This person spent over ten hours in an emergency room, basically ignored despite pleading by family members. They briefly saw a PA while in full withdrawal. At four o'clock in the morning they finally got a room. Thankfully things got better after that but that family described it as the worst hours of their life.

How do I know these stories are valid? Because I lived them. The first one was my wife, the second was my son. I have heard much more horrific examples than my son's---thankfully he got the help he needed even with all the delays. For many that help is never forthcoming.

Imagine a world where there is a behavioral health urgent care center within reach of all New Yorkers. Where my loved one was seen by a mental health and addictions professional, and received the Medication Assisted Treatment he needed immediately instead of spending hours lying in physical and emotional pain on an emergency room gurney. All this while my wife and I were consoled by a family support professional. That is the world we have the opportunity to create.

How do we get there?

I visualize Crisis Services as the three legs of a stool.

The three legs are the 988 call in, the Crisis Stabilization Center and mobile crisis teams. The person sitting on the stool is our workforce. Our goal is to create a crisis service system that has all these pieces, coupled with the assurance of responsive care after the immediate crisis has passed.

Leg 1:

988

Both Senator Brouk and Assemblymembers Gunther and Bronson have introduced legislation to implement the federal law that mandates 988 be the nationwide 3-digit number for mental health crisis and suicide prevention services as of July 2022.

The New York legislation crafts a smart and reasonable response to the anticipated number of crisis calls that will come to New York. Regional hubs will be created with trained clinicians and other experts responding to the needs of crisis calls.

This will be paid for through a small surcharge to mobile phone companies. It is pennies a day and will have minor impact to New Yorkers. Do people even know now that our phone companies are taxed for 911? The answer is no and it will likely be the same for 988.

This money will pay for itself in terms of the crisis response necessary to help the countless New Yorkers in need of these services.

988 is the first leg of the stool but we need a second leg to support those who will not be helped by just an interaction with 988. What about those in immediate need of a response.

Leg 2:

Mobil Crisis Teams

After the 988 operator recognizes that there is a crisis, who do they reach out to immediately? The mobile crisis team. There are both adult and children's mobile crisis teams. Some are run by counties and others by not for profits. Each community must have a mobile crisis capability.

These teams are staffed with clinicians and peers to make determinations of what the best, least intrusive service is needed based on the presenting facts, up to an emergency room. A jail cell should not be an option. Our current mobile crisis capability is a patchwork of services with little consistency within each region. Current funding levels fall way short of insuring a robust crisis response.

The State is undertaking a review of all mobile crisis teams across the State to insure they are meeting stated goals, but Mobile Crisis teams are often operating with their arms tied behind their backs – they cannot operate effectively without having safe, private and secure alternatives to take people in crisis to. That is how many people currently end up in the criminal justice system or hospital beds.

Leg 3:

Crisis Stabilization Centers (Urgent Care Centers for Behavioral Health)

Going back to my initial example, the response to my loved one in crisis would have been dramatically different had there been a behavioral health urgent care center.

Staffed with a psychiatrist, nurse practitioner, CASAC, Social Worker, Peer and family member, there would have been an immediate recognition of the diagnosis and how best to respond. The Centers must also have adequate case management capabilities, so there is a thoughtful and

seamless handoff back to the service system post-crisis. The ability to provide immediate relief will literally save countless lives.

Currently, there are only a few Centers like this in New York, but the hope is that with this new Budget language, there will be many more in place. This is a great regional opportunity for providers in a community to come together and form these centers.

Think of who would take advantage of this more robust crisis system---families, educators, law enforcement, houses of worship, not for profits and so much more.

All the three legs provide stability but who will occupy this stool? The answer is Workforce.

Leg 4:

Workforce

I learned years ago that you can create the greatest system in the world but if you don't have the workforce to implement the services, what's the point?

Through your leadership, our workforce received a COLA this year for this first time in a dozen years. It was a 1% across the board human services COLA based on the CPI. This is a step forward and we are very appreciative, but we also know that the deferred COLAs over the last dozen years would have benefited our mental health workforce to the tune of \$350 million. Think of what the system would look like if we had more funding for community programs, for housing and for crisis services. Think of shorter waiting lists; more housing options and most importantly recovery for those with mental health related issues.

Unfortunately, this has not happened and as a result, we have more people with mental health issues in the criminal justice system, more individuals with mental health issues that are homeless and sadly more negative interactions with law enforcement.

This is our opportunity to reframe the discussion now. The federal block grant and the increase in FMAP will provide almost \$200 million to the NYS Office of Mental Health. This money needs to go where it is most needed---workforce, crisis services and children's services. We cannot let this opportunity pass without an assertive and comprehensive response.

MHANYS RECOMMENDATIONS

Funding for Crisis Services

We need to provide resources to our communities to get these services on-line.

The MHAs that run mobile crisis teams tell us that they lose money in this program. While Medicaid pays for crisis services, they take in everyone irrespective of their ability to pay. This case rate mix means that they are losing money consistently. The counties have tried to make up for the shortfall, but the State must step in and provide 100% funding for crisis teams and stabilization centers. I'm concerned that our efforts will come up short absent a full and enthusiastic response by the State.

Training at all Levels of the Crisis Continuum

From mobile crisis teams to 988 operators to crisis stabilization center staff, law enforcement,

educators and families, they need to have a greater understanding of mental health so that help seeking behavior becomes part of decision making. We recommend that Mental Health First Aid and training about Trauma Informed Care are part of any training for this workforce.

Family Engagement

A large part of the crisis system is driven by families that have a loved one in crisis. They often don't know where to turn. The need for family education is great. We recommend that the CarePath™ program that works in conjunction between families and their loved ones for their recovery, is part of any crisis continuum. We also recommend that a trained family member be part of the Crisis Stabilization Center team.

Linkage to Services

What happens after an immediate crisis is resolved? The answer must be a link to services. Crisis Stabilization Centers must be required to work with community providers to keep stabilized individuals in continuous care.

Linkage to the Community

There have been too many incidents recently regarding law enforcement and people with serious mental health issues. A robust crisis service structure will help mitigate the need for law enforcement to be involved. Use of training for law enforcement around mental health becomes even more essential.

Startup Funding

For stabilization centers to succeed, they need start up money in addition to ongoing funding. Capital investments, infrastructure cost, digital infrastructure, staff training are all required to make these new programs successful.

Enact 988 Legislation

New York should be ahead of the curve when it comes to planning. There is a lot of complexity in 988 and planning should begin immediately to insure success. 988 legislation should be enacted this legislative session.

Upfront Commitment to Adequate Funding

In order to continue to succeed, there must be an ongoing, consistent investment in our workforce. Our funding needs to be annually trended, not stagnant. We should not have to come back each year to ask for what's right.

It is a sad commentary that reinvestment was not funded this year. There should be full reinvestment of hospital bed closures moving forward.

Summary

We have an unprecedented opportunity to improve our crisis services. 988, mobile crisis, stabilization centers can all be woven into a comprehensive and responsive system. Let's take everything in our toolbox, including OMH and OASAS federal grant and FMAP funding, and give our loved ones the service system that they need and deserve.