



Mental Health Association in New York State, Inc.

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Mental Health Services in New York State

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HEALTHY MINDS FOR A HEALTHY NEW YORK

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Thank you for this opportunity to present testimony on the subject of mental health services in New York State.

We first want to thank Attorney General James and her staff for their leadership around mental health issues. We are very appreciative of your dedicated efforts around issues of mental health parity, speaking out and fighting against all aspects of discrimination against people with mental health issues as well as supporting strong jail and prison reform. New Yorkers with mental health issues and their families, such as mine, are well served by your leadership.

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 throughout New York State. Most of our members provide community based mental health services such as housing, care management, clinic programs, peer services, family services, prison and jail diversion, school based mental health services, suicide prevention programs, veterans' mental health and much more. Our work is mission driven and the fabric that brings us together is our belief that in fighting stigma and discrimination and focusing on individualized services that people can recover and live successful lives in the community.

Our organization is very involved with advocacy both at the State and local level. We were the leaders in helping to make New York the first State in that nation to mandate the teaching of mental health instruction in school. We have also been engaged with many other anti-stigma efforts. We are involved with major mental health budget issues, some of which we will address in this testimony, including priorities around funding the workforce, housing, criminal justice reform, veterans' mental health, crisis services, issue of Diversity, Equity and Inclusion (DEI) and linkages between mental health and substance use. In short, our advocacy is focused across the life span---a theme that will be continued to be addressed throughout the testimony

COVID has completely changed the narrative around mental health. As we have often said, there are two pandemics. The first one is the one we have seen every day for the last two plus years of lives we have lost, the unbearable pain of their loved ones and the incredible heroic workforce that was doing everything in their power to help save lives.

The second one has been more hidden—the mental health pandemic. The grief and isolation across all sectors has resulted in increases in rates of depression and anxiety and around bipolar disorder and schizophrenia. While the numbers for people impacted with mental health issues is traditional 1-in-5 adults and children, those numbers have more than doubled since the pandemic. Sadly, the number has been even higher in communities of color.

An already massively underfunded mental health system is now facing an unprecedented increase through COVID.

An unprecedented need calls for extraordinary efforts and expansion. The Governor and the Legislature have responded to this need with more mental health funding in the budget than we have had in many years. Priorities around workforce, community mental health services, crisis services and housing have been addressed with a combined influx of State and Federal dollars. We are appreciative of these efforts and we thank the Governor and the Legislature for their leadership but the reality is that we are still in a mental health crisis in New York State.

Listed below are several recommendations from MHANYS on how we can address this crisis and provide supports and services we need to help respond to the crisis.

1) Workforce

The strain on the mental health workforce throughout COVID starkly demonstrated both heroism and unmet need. The mental health workforce like the health workforce responded every day during the bleakest times of COVID. Our workforce was front facing every day in residential programs, in hospitals, in correctional facilities and other sectors. Their heroism and courage was unprecedented and we all owe them a great deal of gratitude for working with the countless number of people with mental health issues that were facing COVID challenges.

Yet through all these great deeds, this workforce was being compensated less than people working in the service sector. Sadly, that is still too often the case. A top priority must be the ability to raise the wages of our workforce. People take jobs in our sector because they are mission driven and believe in our cause, but mission driven doesn't pay the rent. We need continued support.

This year's Executive Budget ended a fourteen year struggle to fight for a full COLA for the mental health and human service workforce based on the Consumer Price Index (CPI). Governor Hochul's budget included a 5.4% COLA for our sector. This addition along with the \$3000 one-time direct care stipend are both major positive steps but as we all know, more needs to be done.

Recommendations

- 1) We urge Attorney General James to continue your support for the workforce in working closely with the Governor and the Legislature in supporting a full human service COLA based on the CPI in the 2023-24 budget. It is not too early to advocate for this change and we strongly urge her continued support.
- 2) Work with our mental health and human service sector around best practices in our field to retain and recruit quality staff. Career ladders, tuition reimbursements, elimination of student debt and other mechanisms should all be on the table for our workforce. The strong bully pulpit of Attorney General James will help lead this fight.

- 3) The workforce must represent people that are facing greatest challenges. We have to provide greater effort of recruitment and retention of clinical staffs in communities of color. There is a woeful need for more psychiatrists, psychologists, social workers and mental health counselors that are brown and black. We need your continued support to help raise the visibility of this important issue.

2) Housing and Other Community Supports

New York is a national leader in housing support for people with mental health issues and there was unprecedented funding to increase the need in this year's budget but sadly, with all that said, it is not enough.

Just look at the numbers. There are over 800,000 people in New York's public mental health system. While over 100,000 have community supports (far bigger than other States), that is a small number compared to the need. While many people live independently, there are still many stuck in psychiatric hospitals, in adult care facilities, in correctional facilities, in general hospitals and living with aging families. We have to address those needs and pay our workforce a livable wage.

We also have to address the mental health needs across the community sector from child care, to youth services and adult services. We need an influx of funding to help support the provision of mental health services community that will keep people in their communities and not in hospitals or correctional facilities.

Recommendations

- 1) Continue to work with advocates, the Executive and the Legislature to prioritize housing for individuals with mental health issues
- 2) Continue the efforts of the behavioral health advocates in fighting to add \$500 million to the 23-24 budget for behavioral health services. We urge the support of Attorney General James.

3) Criminal Justice Reform

We thank the Attorney General for her leadership in fighting for reform of the criminal justice system. Nowhere is this issue more evident than with individuals with mental health issues.

The number of individuals with mental health issues in jail in New York is over ten percent for men and over 20% for women. Almost 3 out of every 5 people in prison have a serious substance use issue.

New York's correctional system has served as de-facto psychiatric hospitals over the last two decades.

There are several recommendations we put forward to help eliminate the mass incarceration of people with mental health needs.

Recommendations:

- 1) Work with the Executive and the Federal Government to insure that there is support in Medicaid for inreach services and supports for incarcerated individuals thirty days before they are released from prison.

Those thirty days are crucial to insure that individuals are linked with services and medication immediately upon discharge. If those services are not immediately in place than the likelihood of recidivism increases dramatically. The State's 1115 proposed Waiver proposal clearly lays out the need for those services being in place upon discharge. We urge the support of the Attorney General in advocating for those changes.

- 2) We strongly support the Governor's funding for five hundred additional supportive housing beds to house people who have experienced homelessness. Many individuals that are homeless end up incarcerated for no reason outside of the fact that there is no other housing alternative in place. Providing those beds will be helpful in avoiding incarceration. In addition, those beds will provide stability. We urge support from the Attorney General to advocate for more services for those individuals. It is one thing to house individuals, it is another to provide immediate and necessary mental health services for those in need of those services.
- 3) Medication Assistance Treatment is a best practice in the field of Addiction Disorder. We are doing a dis-service to an entire sector of the three in five individuals in prison for substance use if they do not have immediate access to life-saving medications. This must become available in every correctional setting. Without these lifesaving medication, many individuals with substance use needs immediately go back to their opioid addiction after release.

4) School Based Mental Health Services

In 2016, New York became the first State in the nation to pass legislation mandating the instruction of mental health in schools. As part of implementation, a workgroup was created that brought together leaders in education and mental health to help formulate a policy response to the mental health crisis in schools.

The Legislature and then the Executive have funded a School Mental Health Resource and Training Center through MHANYS. The Resource Center is tasked in working in schools, not only

to insure that the mandate around teaching mental health in schools is followed, but also to work with schools to insure that school environments are much more conducive to mental health.

By in large schools are recognizing that and have led the way to changing school climate around better mental health and wellness ---Wellness recovery rooms, greater emphasis on self-care for both teachers and students and curriculum development around the inclusion of mental health have all been positive steps. Students are much more open about talking about mental health and school administrators and teachers are much more aware of strategies to help advance mental wellness in schools.

As we know, much more needs to be done. While young people are incredibly resilient, COVID has had a major impact through increases in anxiety, depression and isolation. There is still as yet unknown traumatic impact for young people. Schools have to be prepared to respond to unmet needs.

Recommendations:

1) Expansion of School Based Mental Health Clinics.

Through the leadership of the NYS Office of Mental Health Commissioner, Ann Sullivan, there has been a large increase in the number of school based mental health clinics. There are over one thousand in New York State to date with more coming. These clinics, on the grounds of schools, are there for students that have mental health needs. While there is clearly a need for more social workers and clinicians in schools, this is a significant response to those students that may have an immediate crisis.

2) Teacher Education About Mental Health

For many years, legislation has stalled that would create language to insure that teachers had training in mental health as part of their credentials. Teachers have incredibly difficult jobs and the last thing they need is to be mental health clinicians but a basic knowledge of mental health could help mitigate crisis and provide referrals to mental health professionals when needed. In addition, teachers have gone through incredibly difficult times during COVID and there has to be greater opportunities to explore self-care needs.

3) College Mental Health

College mental health has become a major issue given the impact of the Pandemic. Recent numbers are devastating. Almost half of college students have a mental health disorder in the past year, 73% of students experience some sort of mental health crisis during college. At MHANYS, we recently published a White Paper that explores what needs to be done in New York State to insure better mental health services in schools.

Among our recommendations include Whole Health Parity---much like Parity in Insurance Plans, the same would be true across all colleges and universities. People with mental health need would be treated no differently than people with physical health needs around policy of absences, loan repayment, readmission and other policy determinations.

Another key recommendation is that students and school personnel should have mental health training that essentially creates level setting so there is an equal understanding of mental health across college campuses.

MHANYS is holding a forum around college mental health in October bringing college and mental health professional together. We are hoping that Attorney General James would be able to participate

5) 988 and Crisis Services

The United States is only a few weeks away from implementation of a nationwide number, 988, that will be the new crisis response line for people in a mental health and/or substance use crisis.

The creation of this new number in New York gives us a new opportunity to look at the current crisis system that is in existence. We know that there has not been enough funding for crisis services leaving law enforcement in difficult situations and the person in crisis either ending up in an emergency room or in jail.

Utilization of 988 will be significant in hoping to avoid law enforcement engagement or increased emergency rooms visits and we are very appreciative that the Governor has added two years of funding to the program. However, we know that there have to be long term services and support after the crisis is mitigated. This speaks to a robust community services systems that need to be well funded.

The same is true of Crisis Stabilization Centers. We think of these Centers as urgent care for mental health and addictions disorders. If someone is in a crisis, 988 will be able to direct them to a Crisis Stabilization Center where they will be treated by a physician, nurse and clinician. It is a great step forward but the Centers will only be able to keep people for 24 hours before discharge so you run up against the same issues of lack of continuity of care throughout the system.

Recommendations:

- 1) We wholeheartedly support 988 and Crisis Stabilization Centers but there needs to be funding in place to insure that their services around a plan of care upon discharge is fully funded so that emergent needs are met and services are provided

6) Fighting the Stigma of Mental Illness

The recent horrific incidents in Buffalo and Texas have been used by some as a rationale for saying these acts were driven by mental illness. That is an incredibly simple answer to a very complex problem.

While mental health may play a role in a rare number of cases (only four percent of all violent crimes are committed by people with a mental health diagnosis), the most important factors are history of violence, family trauma, domestic abuse and easy access to guns.

Other countries across the world have a big if not bigger mental health problem than we do in the United States, yet there are no mass shootings worldwide. They for the most part only take place in the United States.

This kind of incendiary language only continues to mythologize mental health and violence. A direct result of which is that people that desperately need mental health services do not receive them for fear of being stigmatized as violent.

Throughout the discussion of the expansion of Kendra's Law, we saw the same kind of language that created unnecessary amendments to the existing law.

We must do everything in our power to end this stigma.

Recommendations:

- 1) Mental Health First Aid (MHFA) is a best practice training that provides individuals with the tools to have a greater understanding about mental health, the signs and symptoms of mental health issues and how to respond to a mental health crisis. To date over two million people in the United States have been trained in Mental Health First Aid. To the credit of Governor Hochul and the NYS Office of Mental Health, there is funding to provide Youth Mental Health First Aid statewide over the next two years. We recommend a full expansion of both Youth and Adult Mental Health First Aid in every corner of the State. These trainings are meant for all members of the public including family member, peers, mental health and health care workers, law enforcement, educators, human service program, etc. Anyone impacted either directly or indirectly by mental health related issues (which is virtually everyone) should be trained on Mental Health First Aid. We urge the support of the Attorney General as a strong voice in support of Mental Health First Aid.
- 2) Statewide Public Awareness Campaign. While there have been stops and starts over the years around public awareness about the stigma of mental illness, there have been very few sustained campaigns. We know they work and work well for tobacco cessation, breast cancer awareness, Alzheimer's and other disease states. We need a sustained public awareness campaign that helps to end this stigma. We urge the

support of Attorney General James to help provide her powerful voice in strong support.

7) Prevention Across the Life Span

As referenced in the beginning of the testimony, there is a need for prevention across the lifespan. At MHANYS, we often talk about all the different parts of life and how there is a mental health component to virtually everything from maternal mental health through geriatric mental health and everything in-between.

How we address prevention is by looking across all the sectors and see what we can do to prevent a serious mental health issue. The science and research are there from maternal mental health, children's services, school based services, colleges, veterans' mental health, adult mental health, mental health in the workforce and geriatric mental health.

We have the tools and outcome measures to look at this from a lens of public mental health perspective around suicide prevention, family engagement, peer support, links to robust and appealing services, full mental health parity, school based prevention, trauma informed care, full access to mental health medication and mental health literacy, led by a culturally sensitive, well trained and well compensated workforce that understands resiliency and recovery.

We just need the funding and will to make this happen.

We urge the continued leadership and support of Attorney General James and her staff for helping to positively transform New York's Mental Health system.