



MHANYS
Mental Health Association
in New York State

Legislative Briefing Book



Making Mental Health a Priority in
Education, Workforce, & Community

2023

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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 2023 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.

Funding for Nonprofit Human Service Providers

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.

In 2006, a law was enacted to provide a statutory COLA for human service providers (Chapter 57 of the Laws of 2006), including behavioral health providers. The COLA for each fiscal year is to be based upon the previous July's annual Consumer Price Index - Urban (CPI-U). While the original law has been extended for every year through this current fiscal year, unfortunately, most years since 2006, COLAs were not included in the state budgets.

The total cumulative COLAs that should have been provided to behavioral health providers, based upon the CPI-U for each year from FY 2007-08 through FY 2021-22, totals 35.31%. Accounting for two small COLA increases that were provided and two modest salary increases, a conservative estimate of the cumulative amount of COLA withheld from behavioral health providers is approximately 30% (the approximate amount of COLA funding deficit for Office of Mental Health [OMH] and Office of Addiction Services and Supports [OASAS] providers combined totals is well over \$500M). Thanks to Governor Hochul, the 2022/23 Executive Budget included a 5.4% COLA for human services workers along with retention bonuses for direct care staff of up to \$3000. This funding is sorely needed and helpful but represent only a small down payment on what's needed.

Why Does it Matter?

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 strongly supports a budget that includes an 8.5% COLA based on the Consumer Price Index (CPI). In order to restore years of unrealized promised funding to OMH and OASAS providers MHANYS urges the Legislature and the Governor to add \$800 million for the mental health and addictions community in the State Budget. In addition, we support this COLA funding becoming a permanent funding stream for every year, and that the Health Home Care Managers be included in this human services COLA.

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.

We are grateful for the funding provided in last year's budget and hope that the promise for an additional \$39 million remains in the 23/24 budget to help meet a funding gap of \$155 million, which doesn't include funding needed to pay staff an adequate wage and to enhance programs so that we can serve our residents with multiple medical and mobility challenges.

Why Does it Matter?

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 to continue closing a funding gap of \$155 million by providing additional funding in this year's budget to support existing 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 Does it Matter?

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 Does it Matter?

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. MHANYS supports S.1860 (Brouk), which direct the commissioner of labor to create and distribute to employers a poster, pamphlet, or other written materials regarding mental health and wellness of employees to be posted in the workplace. The legislation also directs voluntary guidelines for employers to put in place strategies and programs to support the mental health and wellness of their employees. MHANYS will pursue the introduction of a “same as” bill in the Assembly.

Medication Access - Prescriber Prevails

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.

Why Does it Matter?

Both prescriber prevails facilitates 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.

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 complying with legislation requiring schools to teach about mental health. The Center was established by the Mental Health Association in New York State, Inc. (MHANYS). MHANYS used this funding to develop 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. After the first year, the Executive has provided \$500 thousand every year to continue to support the work of the Resource Center. Beginning in 2020, schools have been negatively impacted by the COVID pandemic, which has effected entire school communities including the mental health and well-being of school personnel, students and families.

Why Does it Matter?

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 developing curricula necessary to comply with mental health education requirements and provide mental health training for school personnel. MHANYS also sees a role for the Resource Center in responding to the COVID-related mental health needs of schools

What's the Recommendation for Legislators?

MHANYS is seeking \$500 thousand in the Executive Budget for 2023/24 for the Resource Center.

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 Does it Matter?

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 reintroduction of A.2136 (Fernandez, 2021/22) in the 2023 session, 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. MHANYS will advocate for a sponsor of the bill in the New York State Senate.

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 Does it Matter?

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 Does it Matter?

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 legitimate grounds for excused absences from school and supports the reintroduction of S.563 (Hoylman-Sigal, 2021/22)/ A.1869 (Fernandez, 2021/22) in the 2023 session, which would amend the education law, in relation to providing for absences from school for the mental or behavioral health of minors.

Mental Health and Higher Education

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 Does it Matter?

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?

MHANYS is promoting public policies to increase mental health literacy on campuses and encourage whole health parity. We are calling on the Governor to begin addressing this crisis by including \$500 million in the 23/24 Executive Budget for resources to train college and university students, faculty and staff. In cooperation with higher education stakeholders MHANYS will also advocate for legislative support for a consensus building process aimed at policy formation. In addition, MHANYS supports the reintroduction of S.7659-A (Kaplan, 2021/22)/A.9753-A (Gunther, 2021/22), in the 2023 session, which includes provisions to increase mental health literacy, require the review college student leave of absence policies and create more telehealth/virtual counseling opportunities within the State University system. MHANYS seeks similar provisions in the law that would apply to independent and private colleges and Universities.

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 Does it Matter?

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.

Mental Health Crisis Response

What's the Issue?

The National Suicide Hotline Improvement Act of 2018 set the stage for the three-digit hotline number. Pursuant to the Act, the Federal Communications Commission (FCC) recommended a 3-digital dialing code to be used for a national suicide prevention and a mental health crisis hotline system. Currently, individuals in crisis are able to call 1-800-273-8255 to reach the National Suicide Prevention Lifeline (run through Vibrant Emotional Health – MHANYS NYC affiliate). Soon, it will be much easier to remember how to reach the Lifeline as the number will be changing to “988” nationwide by July 2022. 988 call centers are integral to a community’s capacity to respond to behavioral health emergencies in a coordinated manner working in concert with public safety resources and crisis management resources including Crisis Stabilization Centers and Mobile Crisis. Governor Hochul has included \$35 million in year one, followed by \$60 million in year two for the implementation of 988.

Crisis Stabilization Centers are a resource for those individuals with a known or suspected mental health condition or substance use disorder to provide observation, evaluation, care, and treatment in a safe and comfortable environment, twenty-four (24) hours per day, seven (7) days per week.

Mobile Crisis provides integrated, short-term crisis response, stabilization and intervention for adults and children experiencing a mental health or chemical dependency crisis. Mobile Crisis Teams provide brief crisis intervention, support, and stabilization to try and manage the crisis in the community.

Why Does it Matter?

New York is fortunate to have one of the lowest suicide rates of any state in the nation. But, as a 2018 Office of Mental Health report rightfully stated – 1,700 deaths per year due to suicide is too many. And, although New York’s suicide rate is comparatively low, the number of suicides has risen 40% since 2000. Enhancing the State’s mental health crisis response capability is critically important for reducing suicide and mental health related self-injury. While a mental health crisis is not an ideal circumstance for accessing care, a coordinated system of responding to crisis that includes a 988 crisis number supported by crisis stabilization centers and mobile crisis capability will result in more people getting help and follow up services and supports.

What’s the Recommendation for Legislators?

MHANYS Recommends the following:

1. Long term funding for 988 to insure viability through an excise tax on phones similar to funding for 911; and
2. Strong linkages between 988, Crisis Stabilization Centers and Mobile Crisis Teams to insure that individuals don’t have to be engaged with law enforcement or end up in emergency rooms when in crisis. Also, insure that when a person is out of Stabilization Centers that they have a plan of care that includes links to community services.

Supporting Resilience in Schools Through Family Engagement

What’s the Issue?

Unresolved trauma is carried into adulthood and the science generated by the ACE’s study confirms trauma is stored in the body resulting in poor mind-body health outcomes throughout the lifespan. Unresolved trauma may be passed on from one generation to the next. (The aftermath of trauma cost more than it would cost to support trauma informed care and support student and family resilience). Trauma is a public health concern. It impacts a child’s school performance, impairs learning and relationships, and causes physical and emotional distress that can last throughout life. In addition, trauma impacts not only the individual child, but also other students, educators who interact and work with the child and the health and wellbeing of families and the community.

Why Does it Matter?

Supporting resilience in schools through family engagement not only supports student health and wellbeing but encourages family and community health. A trauma informed approach is a holistic approach in building resilience. The principles of trauma informed care address the loss associated with trauma and living under chronic stress. Resilience can build throughout life and students and families that are involved in schools that incorporate trauma informed messaging and healing centered engagement will be less likely to carry their unresolved trauma into adulthood and more likely to live purposeful lives; thus, resulting in healthier communities. Because trauma informed care offers a holistic approach to mind-body health - there is a focus on the health and wellbeing of students but also all school staff. Schools are the single point of connection between home and community, and the responsibility of educators to prepare young people to function successfully...

...in the world as adults. Schools informed about trauma and the impact on a student's life in and out of the school environment are positioned to build a student's resilience. Is there anything more meaningful in life than being a protective factor for a child?

Schools aware of the barrier traumatic stress has on family engagement and student resiliency respond to the health and wellbeing of the whole family. Student health is dependent upon the health of their family and their school environment. The blueprint for resilient schools includes supporting family mental health as the pathway for student and school resilience.

What's the Recommendation for Legislators?

MHANYS is committed to educating legislators about childhood trauma and helping them explore possible legislative interventions to encourage schools to adopt trauma-informed approaches. MHANYS will explore with legislators the use of family engagement programming such as MHCP/CarePath in schools. MHANYS Family Engagement Programming offers assistance to students and their families when faced with challenges in managing their behavioral health concerns. A trauma informed approach for resiliency in school environments includes relationships that engage partnerships between students, families and school personnel. When a CarePath™ Coach is made available within a school setting they become a liaison for assisting students, families and educators in supporting a student's recovery. A CarePath™ Coach may assist in a reintegration plan for the students being discharged from treatment and returning to family, friends and school. Legislative action could include a pilot project in select schools to demonstrate the efficacy of CarePath™ applied in school settings.

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, and former Senator Roy McDonald. The program has since expanded to a total of 23 projects across New York State.

Why Does it Matter?

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?

MHANYS is very appreciative that Governor Hochul included \$7.7 million in the 2022/23 Executive Budget to support existing Dwyer programs and to fund the expansion of the program to all counties in the state. We urge the Legislature to continue to support the Dwyer Project in the state budget. We 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 in 2006.

Why Does it Matter?

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 continue funding the Geriatric Service Demonstration Program in New York State. In addition, MHANYS will work to help assure that geriatric behavioral health is reflected in the Master Plan for Aging that was created by Governor Hochul through Executive Order Number 23.

Discrimination Against Parents with Disabilities

What's the Issue?

NYS Social Services Law (SSL) §384-b Section 4(c) 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: both parents of the child are dead, 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 Does it Matter?

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?

An existing opioid addiction crisis has been severely exacerbated by the COVID pandemic, which has contributed to the isolation of people with addiction disorders and interfered with recovery programs resulting in a troubling spike in overdose deaths. In addition, recent state laws legalizing recreational cannabis and new gambling modalities should be accompanied by a commensurate investment in state funding for services, education and awareness, especially among youth, in anticipation of increases in the incidence of addictions.

Why Does it Matter?

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. New York's already strained addiction treatment resource capacity has been further strained by the COVID pandemic. According to the CDC, New York experienced a 35.6 percent increase in opioid related overdose deaths over a 12-month period ending March 31, 2021. Added pressure on New York's substance use treatment capacity can be anticipated with the advent of both the legalization of the recreational use of cannabis and online sports betting. The isolation of COVID also makes people with gambling addictions particularly susceptible to internet gambling.

What's the Recommendation for Legislators?

To help increase the availability of more substance use treatment professionals MHANYS supports the reintroduction of S.6319-A (Harckham, 2021/22) and A.8074 (Jackson, 2021/22) – [not currently same-as bills], in the 2023 session, which would help create a career advancement pathway for addiction professionals by requiring that OASAS establishes clear requirements for each professional title and education to advance. This would encourage professionals to stay in the field long term and continue their education resulting in a more secure workforce. We also support the creation of model work plans and curricula that address the co-occurring needs of young people. We must foster greater collaboration between mental health and substance use curriculums in schools as a hedge against increased access resulting from legalization. We urge that appropriate funds be dedicated to the fight the opioid epidemic and problem gambling, including funds for research, education, prevention, treatment and recovery. Finally, MHANYS will advocate for these bills to be amended as necessary to achieve "same-as" status.

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 inmate's release causing disruption in the released individual's ability to access services, prescription medication and care coordination.

Why Does it Matter?

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) to amend its Medicaid Redesign 1115 Demonstration. This would authorize federal Medicaid matching funds to provide targeted Medicaid services to eligible justice-involved populations and "re-activate" access to Medicaid billing 30- days prior to release for Medicaid-enrolled incarcerated individuals with 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. 955(Tonko)/S. 285(Baldwin), also known as the "Medicaid Reentry Act", which would remove limitations on Medicaid 30 days prior to an inmate's release from jail.

Discrimination Against Parents with Disabilities

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 Does it Matter?

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 Does it Matter?

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 eighty beds.