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Testimony to New York State Assembly Committees on Health, Mental Health, Higher Education, People with Disabilities and Labor

Health Care Workforce

Presented by

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Thank you to the committee chairs for holding this important hearing on issues of workforce. Everywhere I go, this is the number one topic of conversation. It certainly is in mental health.

My name is Glenn Liebman and I am the long time CEO of the Mental Health Association in New York State (MHANYs). Our organization is comprised of 26 affiliates in 52 counties. Most of our members provide community based mental health services but we also advocate for public mental health and for education and trainings of the entire community.

Our members are all different in what they offer and in their size but one area we all agree on is that we are in a mental health workforce crisis.

Actually to say we are in a workforce crisis is an understatement, we are in a workforce tsunami.

1) Workforce 3.2% COLA and \$500 Million Investment in Behavioral Health

Across the board, there are record turnover rates and huge vacancy rates. How does that translate into lack of services for people and support for their loved ones---What it means is long waiting lists, poor discharges and lack of access that correlates with individuals ending up in homeless shelters, incarcerated or in emergency rooms.

We have to do better.

To the credit of Governor Hochul, she is doing better. Last year's state budget provided over a billion dollars for mental health. We have not seen this kind of investment from the executive in years or frankly forever.

We strongly support the funding and agree that it has gone to integral areas of need around discharge, crisis support, prevention, peer services and housing.

However, there is one area that was largely left unaddressed in the investment and that was around workforce.

In order to move this incredible vision, you need the staff to be available to implement this investment. In last year's budget, the Governor provided a 2.5% COLA, well under the 8.5% based on the Consumer Price Index (CPI). The legislature added 1.5% to bring the total to 4%.

To the credit of Governor Hochul, two years ago, she provided the 5.4% COLA increase combined with the 2.5% from last year is almost 8% in two years. This is by far more than any Governor has accomplished and we are appreciative.

But the reality is that it is simply not enough. Even with the Governor's and Legislature's additions, we still lost 4.5% as compared with the CPI over the last two years. For thirteen years, New York State had a statutory COLA based on the CPI. For the vast majority of those years, the Executive has either ignored the COLA or put in less than the CPI.

If you do a calculation (and we did) of the years we did not receive the COLA, we would be talking about over \$500 million dollars lost to the behavioral health system.

Imagine how many fewer deaths of despair we would have from suicide loss and drug overdose. Imagine, how many fewer people would be incarcerated, homeless or stuck in hospital emergency rooms. Imagine a more robust community services system with housing programs, peer support, family engagement, crisis and prevention services.

This would be our mental health system today—not the one detailed in the New York Times report from three weeks ago or from the recent report from the Attorney General.

We need an investment of \$500 million in behavioral health—the kind of investment that would stimulate the economy of mental health, that would attract workers, that would not have to force them into second and third jobs to pay the rent.

Recommendations:

- 1) We urge the Legislature to support a 3.2% COLA in next year's budget. This is consistent with the CPI.
- 2) To help make up for all the years of disinvestment in behavioral health, we need a \$500 million investment in behavioral health and in our workforce.

We know that there has to be some long term solutions to the need for mental health services and supports. As necessary as a COLA is (and we

will not stop fighting for one), there is also just as strong a need to create some long term planning for the mental health workforce.

2) Pipeline for Careers in Mental Health

COVID dramatically changed the trajectory of mental health care in our country. So many young people were faced with depression, isolation, anxiety and fear. The number of young people facing a mental health crisis has more than doubled. The youth mental health crisis is pervasive.

At the same time, youth are not stigmatized by mental health issues as so many other people have been in the past. They are very open about talking about mental health challenges and they understand the importance of services and supports.

Why don't we take that enthusiasm and support for mental health and turn it into a career for young people?

We issued a report that we included in the testimony that highlights eight recommendations we have put forward in regard to pipeline projects for mental health.

Among the highlights are:

The development of an OMH licensed credential program for paraprofessionals that includes career ladders. While OASAS has Credentialed Alcoholism and Substance Abuse Counselors (CASACS), OPWDD has Director Support Professionals (DSPs) and Nursing has

Certified Nursing Assistants (CNA) mental health does not have any specific paraprofessional workforce titles.

Last year the proposed Executive Budget included a job title called a Qualified Mental Health Associate. Unfortunately, it did not make it through the budget process because it was opposed by several of the professional associations who were fearful that there was a Scope of Practice issue.

We are working with OMH to mitigate any concerns being brought up by the associations. The reason we are fighting so hard for this is because there are many young people still finding out about career possibilities in mental health. We want to open the door for them whether they are BOCES students, high school graduates, community college graduates or college students.

The ability to garner experience and move up the career ladder through training and support will help enable careers in mental health services. There are several other recommendations around PSA campaigns in high schools, Workforce Training Center for mental health, working with SUNY and CUNY around credentialing, micro credentialing class work and a mental health degree in community college.

Recommendations:

- 1) Utilize the eight recommendations in the Report and craft bill language based on the report that would address pipeline support in mental health careers.

3) College Mental Health:

MHANYs has been engaged in the mental health in school space for many years. We worked with the Legislature to create the first in the nation mental health mandate for instruction in school.

Now we are moving from K-12 to college students in the need for mental health services and supports in colleges. This has long been an issue to Chair Gunther and to Chair Fahy, well before she became the Chair of Higher Education.

They both recognize that we are facing an enormous crisis in mental health on college campuses. That is why we have worked with Assembly Chair Gunther around a bill A.6804 that calls for training of mental health education in schools as well as for protocols to develop policies similar to the Yale settlement agreement. The Yale Settlement agreement was an agreement in Federal District Court that was a landmark in dealing with student accommodations for those with mental health needs including addressing urgent medical needs and return to schools after medical leave.

In addition, we have put together a proposal that is an extension of our School Mental Health Resource and Training Center to add Colleges to this list.

We were recently asked how much it would cost for colleges to be informed about these proposed changes and what they can do to address the overwhelming mental health needs in college campuses. The answer is that it would cost nothing if our funding proposal was supported. The funding would address training needs and information about procedures that will create a well planned and executed college

policy around working with students with serious mental health needs. If we can address the needs of college mental health than we will see an expansion of services in our field.

Recommendations:

- 1) Support the Amended Version of A.6804, the college mental health bill
- 2) Support the Proposed \$500,000 for the addition of a College Mental Health Center within MHANYS School Mental Health Resource and Training Center. This funding would be geared to educating college students and faculties about mental health as well as help provide guidance for working with students with mental health needs.

4) Retirement/Pension Plan for the Not for Profit Human Service Sector

In 1920, Governor Al Smith created a pension plan, retirement system for State, County and City Workers. In more recent years, teachers, fire fighters and police have had pension plans in place. It is certainly well deserved but the question we ask is why the 800,000 workers in the human service sector do not have a pension or retirement plan in place? We certainly do the work of government, we work with people with complex needs and many of our workers are not paid a livable wage.

Workers go into the human services field because they want to make a difference in people's lives but then they get frustrated because their pay is so low. Mission-driven work does not put food on the table. The

time is now to look into the development of a pension or retirement plan for the human services sector.

There is a bill introduced by Assemblymember Gunther that we are seeking to amend that will create a study bill to look into cost of creating a pension plan for the not for profit human service workforce. Last week we sent out surveys to the non-profit human service workforce to find out from them how strongly they support a pension.

bill and will it help to stabilize and recruit and retain our workforce. We have already received over 500 responses. We look forward to publishing the results before the State budget comes out.

Recommendations:

- 1) Support an amended version of A-6839, a study bill that would bring together the Comptrollers' Office, the New York State Department of Taxation and Finance Department and the New York State Department of Financial Services to cost out how much a retirement benefit would cost the state and employers.

Summary:

We strongly encourage the legislature to work with us around supporting a 3.2% COLA based on the CPI and a \$500 million investment in mental health. That is an immediate stopgap measure. For long term for our workforce, we urge support for legislation that will provide pipeline services and support to encourage young people to pursue careers in mental health. In addition, we support a college mental health bill and funding support to encourage information and

resource for individuals struggling with mental health needs in colleges. Finally, we urge your support for a study bill that addresses how much a pension benefit would cost New Yorkers that work in the human services not- for- profit landscape.

Thank you very much for your time and consideration.

Development of Strategies to Work with Youth and Others to Support Careers in Mental Health



Introduction

COVID dramatically changed perceptions about mental health. Individuals who did not pay attention to mental health issues or did not talk about it were suddenly facing issues of isolation, anxiety, grief, trauma and depression. At the height of COVID, over 50% of individuals in the United States said they suffered with a mental health issue. If you add family members and close friends, there is no doubt that it impacted virtually the entire population.

People that have been hardest hit have been our young people. During COVID, 44% of young people felt sad or hopeless. In response to that need, Governor Hochul became the first Governor in New York's history to lead an entire summit on Youth Mental Health. She brought together some of the top minds in New York and across the national to address the need.

Simultaneously, we also face a crisis with the behavioral health workforce that is under tremendous strain with record turnover and vacancy rates. The results are an inability to recruit and retain quality staff to work with many individuals with mental health concerns especially those with complex needs. If we want to eliminate the workforce crisis in mental health in future years, we need to be pro-active and provide support for individuals who want careers in mental health services and also attract those who may be interested in the mental health field in the future.

Between the growing recognition of mental health issues, the workforce concerns and the youth mental health crisis, we have a perfect storm of need in our community. In this series of recommendations, we discuss strategies that would ensure the next generation of young people can develop and have fulfilling careers in the mental health field.

Recognizing that no one strategy alone will address the various issues that led us to this mental health crisis, but rather, a multi-point plan is critical to its success. Below are recommendations aimed at attracting and supporting people in all walks of life as they become committed to rewarding careers in mental health.

Recommendations

1) Highlight and Amplify the Significance of the New York State Office of Mental Health (NYSOMH) Qualified Mental Health Associate (QMHA) Title

The QMHA title was proposed in order to provide a career ladder for individuals who enter the field of mental health as paraprofessionals. There are several examples across the health care landscape of the success of creating career ladders for paraprofessionals. Nursing has Certified Nursing Assistants (CMA's), Addiction Disorders has Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and Developmental Disabilities has Direct Support Professionals (DSPs). Many individuals that started careers in these fields as paraprofessionals have moved up the career ladder to higher level roles.

Mental Health providers need to have their own job title for paraprofessionals in order to enhance the pool of workers.

The 2023-24 New York State Executive Budget did not include the QMHA title. There was concerns voiced by the professional agencies about scope of practice issues for QMHAs. We are working with the NYSOMH to insure that services provided by QMHAs would not infringe with issues of licensure for clinicians.

MHANYS is being pro-active on this issue by engaging in conversation with NYSOMH to help develop a training curriculum and credentialing process for QMHAs. Ideas are being explored such as micro-credentialing and core-competencies for the QMHA job title.

2) Identify Mental Health Core Competencies for Direct Care Workers

SUNY has developed a partnership with OPWDD to develop core competencies for the Direct Support Professional Title in IDD. These core competencies serve as micro-credentials for DSPs. After a DSP passes each core competency, he or she receive a badge which provides them with a one-time bonus. The Core Competencies are universal and not just applicable to OPWDD.

We urge the NYSOMH to pursue the core competencies for mental health. It would serve as an incentive to the over 35,000 direct care workers in OMH in helping them to achieve bonus payments for learning core competencies which also provides them with skills that will help provide them with steps to move up the career ladder.

3) Create Workforce Training Curriculum in Mental Health

One of the major structural issues in regard to mental health is that there is a limited training curriculum in place for direct care mental health workers. The workforce crisis has made it difficult to provide any kind of mental health training for individuals entering the field. Many people are ill-equipped and unaware of the basic needs of individuals with complex and sometimes traumatic histories.

There are pockets of individuals who could enter our field whether from a newly trained immigrant population, QMHA's or young people that are mission driven to serve in community mental health. We need to develop a training curriculum that will provide the incoming mental health workforce with the skill sets necessary to start careers in mental health.

4) Develop a Mental Health Workforce Center within MHANYS

This Center will have a website dedicated to individuals with interests in careers in mental health. Whether you are in high school, community college, trade school or a four-year college, this site will provide instruction on where you can get information about pursuing careers in mental health. We will identify all existing opportunities around internships and mentorships.

We would create a part of the site that addresses and provides resources for youth pursuing careers in communities of color, LBGTWQ Community and other diverse communities. In addition, we would create an interactive component where peers and others can share their personal experiences in developing a career in mental health.

MHANYS Teen Mental Health First Aid program would link interested teens who have completed the training to serve as mentors for other young people.

In addition, we would develop 'Work Perks'. The work perks would identify existing statewide programs that could be used by agencies to incentivize agencies to hire individuals with interest in careers in mental health (e.g.---Tax credits, tuition reimbursements, links to scholarship opportunities, internships, etc.).

5) Propose MHANYS College Legislation and Funding

The recent legal settlement agreement at Yale University paves the way for schools to develop policies and procedures and mental health trainings to respond to students who were discriminated against due to mental health concerns. MHANYS has introduced legislation that will provide training, mental health education and literacy and enhance policies and procedures to ensure that colleges and universities are in compliance with mental health standards to avoid discriminatory practices.

In addition, MHANYS has a funding proposal to work with colleges and universities to help them achieve compliance with policy changes in regard to student leaves of absences due to mental health issues while also providing training and education of the college workforce around mental health support, literacy and understanding

6) Develop a PSA Campaign to Recruit a Diverse Workforce

High Schools are ideal places to develop a PSA campaign for individuals thinking about careers in mental health. Resources should be identified (through the NYS OMH Anti Stigma Funds and other programs) that would help fund a PSA campaign. In addition, there should be a social media campaign designed to influence young people to pursue careers in mental health.

7) Enhance Role of Community Colleges in Mental Health

While a few colleges have developed a career track in mental health, it has not been consistent and frankly given the lack of options currently available to non-clinical individuals in the field, the existing programs can prepare you for a four-year degree but there are few Associate Degrees that will lead you to a career in mental health.

Developing at two-year track (or micro credential) that will lead to a career ladder in the mental health field will serve as a huge incentive both in community and state operated programs.

Conclusion

From whatever walk of life you come from, the mental health workforce is there to engage and work to help fulfill and support the recovery and independence of people with mental health concerns. Despite their incredible efforts, they are often undercompensated for their work. Given funding concerns, many agencies don't have career ladders so workers have no room for growth. The combination of the complexity of the work, the undercompensating and lack of room for growth leads to burnout and turnover.

That said, there is hope on the horizon. Governor Hochul and the New York State Office of Mental Health have spent resources to address mental health concerns in our state. The greater emphasis around public support for mental health is helping to reduce the stigma in talking about mental health and in providing supports in schools and helps to bring the discussion of the future of mental health workforce possible. This lessening of stigma can help young people foster careers in mental health.

The time is ripe to being to implement the recommendations provided by MHANYS in providing opportunities for the next generation of mental health workers.

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