



February 13th, 2024

**New York State Joint Legislative Budget Hearing
on Mental Hygiene**

**National Alliance on Mental Illness of New York State
(NAMI-NYS)**

**150 Broadway, Suite 406 Menands, New York 12204
(518) 462-2000**

**Ariel Coffman, President
Sharon Horton, Executive Director**

**Testimony Delivered by
Matthew Shapiro, Senior Director, Government Affairs**

Good morning, Assemblywoman Weinstein, Senator Krueger and members of the committee, thank you for the opportunity to provide testimony on the critical topic of the mental hygiene budget. My name is Matthew Shapiro, and I am the Senior Director, Government Affairs for NAMI-NYS. NAMI-NYS is the New York state chapter of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots organization in the country dedicated to improving the lives of individuals and families impacted by mental illness. NAMI-NYS envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares.

I am here today to detail how we can partner with you and the Legislature to build that community that cares for the one in four New York families like mine who are affected by a diagnosable psychiatric disorder as well as the countless New Yorkers who face mental health challenges.

NAMI-NYS is thrilled that Governor Hochul has once again provided a true roadmap to addressing what she called, the greatest challenge of our time; mental health. Governor Hochul's continued prioritization of mental health is long overdue and essential after years of neglect.

I have long testified before this committee to detail the struggles New York families have long-faced accessing mental health supports, services and treatments. I am someone who has lived in psychiatric recovery for most of my life as I was first diagnosed with ADHD when I was three and a half years old. When I was 17, my mother was diagnosed with a serious mental illness and has been hospitalized three times since. I also have lost an older sibling after he struggled with addiction issues for decades. My family knows all too well about the struggle to access behavioral health services and the tragic outcomes that can happen when New Yorkers are unable to access recovery-oriented services.

NAMI-NYS applauded the Governor's commitment to mental health in last year's budget but a one-year commitment, no matter how great that commitment was, is not adequate enough to fix the myriad of decay in our mental health system that has developed after decades of neglect and erosion.

Despite the positive momentum generated by last year's budget, too many New Yorkers still struggle to access inpatient psychiatric services and many of our members have seen their loved ones moved to another part of the state where an appropriate psychiatric bed is available. Hospitals continue to divert people away rather than admit them or admit them without a proper evaluation then discharge people before they are ready and without connecting them to community-based support.

Community behavioral health providers continue to hemorrhage staff, as our dedicated workforce struggles with caseloads that are unmanageable, and in too many cases, not paid a living wage for their Herculean efforts.

Throughout New York, our correctional system remains disproportionately populated by people living with a mental illness or substance use disorder, who deserve treatment, not jails, and need communities, not cages. New York's future, our youth, are in crisis and facing negative mental health stressors that would have been unimaginable just a decade ago.

It is clear, much more must be done, as despite the renewed focus on New York's mental wellbeing, as we sit here today, too many New Yorkers are suffering in silence, freezing in the streets, locked-up or dying because they cannot access behavioral health services. This is why Governor Hochul's sustained investments are so necessary and why we urge you to follow her lead.

There is much to celebrate in Governor Hochul's FY 24-25 budget, which once again adopts policy recommendations that NAMI-NYS has been advancing for years (including in this hearing) and boldly aims to increase access for all of those across the broad spectrum of psychiatric disorders by funding both in-patient and community-based services, including expanding mental health housing programs. It also continues the strides New York has made being a leader in reimagining crisis situations by focusing on the fourth element needed to create a coordinated crisis response system, mental health, and treatment courts.

NAMI-NYS met several times with key leaders in Governor Hochul's administration and there are six priorities that we focused on with the executive team that we want to prioritize for you:

1. Increasing psychiatric hospital beds and transition services.
2. Continued advancements in reimagining crisis situations including making 988 more equitable and supporting much needed mental health courts.
3. Expanding mental health housing programs.
4. Advancing the intention of NAMI-NYS's proposed Nicole's Law by improving hospital admission and discharge procedures.
5. Strengthening insurance parity and commercial reimbursement rates.
6. Addressing the children's mental health crisis.

1-Increasing psychiatric hospital beds

One of the greatest casualties of decades of underfunding has been the alarming decrease in psychiatric hospital beds. NAMI-NYS has consistently argued that there is a severe lack of psychiatric beds in New York. While NAMI-NYS knows these beds are needed, we want to clarify that we do not want to return to the over utilization of hospitals or asylums as we've seen in the past, and that hospitals are not designed to be long-term options. Psychiatric hospital beds are a vital service that must be available to help the recovery of New Yorkers who need the type of intensive care that only a hospital can

provide. NAMI-NYS views hospitals as a needed element in a continuum of care and vital to recovery.

New Yorkers continue to struggle to access these necessary elements of care and many people experiencing a mental health crisis languish in hospital emergency rooms that are ill-equipped to meet the needs of those in psychosis or crisis. Or worse, they end up in a police station as that is viewed as the only option available in their community. I mentioned above how a constant outcome of this shortage is people being moved to another part of the state as that is the only place a bed is located. NAMI-NYS firmly believes that recovery happens best when the individual, their loved-ones and providers work together as a team with open communication and shared goals. Placing someone in psychiatric distress hours away from their loved ones and support system and separating families from the recovery process is extremely detrimental. This shortage of beds and this practice has forced many of our families to make great sacrifices to support their loved one's recovery and sadly, many simply cannot afford the numerous expenses associated with being forced to travel to support their loved one.

NAMI-NYS supports the Executive FY-25 proposal to include funding to open another 125 State-operated inpatient psychiatric beds, including 15 for children and adolescents, 85 for adults, and 25 forensic; and 75 Transition to Home Unit (THU) beds in one State-operated and two community-based facilities. NAMI-NYS is especially enthused to see the introduction of the THU beds. This is something we have long recommended.

2-Continued advancements in reimaging crisis situations including making 988 more equitable and supporting much needed mental health courts.

More than 60% of New York's incarcerated population has a behavioral health disorder. To reverse this disturbing trend, it is imperative that the state continues to reimagine crisis situations and ensure New Yorkers receive a mental health response when experiencing a mental health crisis. Improving the mental illness-criminal justice interface is of the utmost importance to NAMI-NYS.

In 2021, NAMI-NYS led the advocacy efforts to reimagine mental health crisis situations by funding 988, the mental health crisis line and pairing it with a coordinated crisis response system. This coordinated crisis response system includes who to call (988), who is most appropriate to respond to a mental health crisis (mental health professionals, as opposed to police whenever possible) and where to bring people other than emergency rooms and police departments (crisis stabilization centers). Since then, under the leadership of the New York State Office of Mental Health (OMH), New York has become a national leader in reimaging crisis situations.

The policy experts at NAMI on the national level praised New York's 988 system as being the most equitable in the nation and determined that our law has by far the

strongest statutes in place to ensure equity. The FY-25 Executive proposal aims to build on this achievement by adding an additional \$100,000 to create a specialized maternal mental health training program for providers. This investment will connect pregnant and postpartum New Yorkers to counselors properly trained to help navigate maternal mental health challenges.

For too many, their entry into the criminal justice system began with a mental health crisis. NAMI-NYS has argued that there is a fourth element needed to create a true coordinated crisis response for those whose crisis leads them into the criminal-legal system, mental health and treatment courts. These courts are designed to divert people away from punishment and towards recovery. NAMI-NYS supports the Executive proposal of establishing a team within OMH that will work with mental health courts and providers to ensure individuals are connected to the services they need. The budget also includes \$6.2 million to provide mental health specialists and peers in mental health courts.

Your colleague, Senator Samra Brouk has been a true leader in calling for the transformation of the crisis response system beginning with a non-police led response to these situations. NAMI-NYS fully supports these efforts, and we are proud to stand alongside Senator Brouk in looking to expand Daniel's Law and a non-police response. As we will detail below, one area where the Legislature can address shortcomings in the Executive proposal is supporting the workforce. We do not have an adequate workforce to meet our current demands and if more is not done to address the workforce (including providing a 3.2% COLA and \$500 million in investments) it will simply be impossible to have the capacity for the type of response Senator Brouk and NAMI-NYS know New York needs.

It is also important to note that even with a fully implemented Daniel's Law, NAMI-NYS understands that there will be times a police response will be unavoidable. When factoring in both the workforce shortage and the inevitable need for a police response in certain situations, NAMI-NYS believes that it is imperative that we continue to use all the tools in our toolbox and maintain working with police forces across the state to educate them on mental health crisis situations and how to properly deescalate them.

The Executive FY-25 proposal includes \$187,000 in funding to expand Crisis Intervention Team (CIT) programs designed to educate police, strive to limit police interactions with those experiencing a mental health crisis and contribute to system transformations. NAMI-NYS acknowledges that CIT has not been successful in every community, but NAMI-NYS and our affiliates have partnered with many police departments (including here in the Capital District) to help them implement cultures of care focused on generating the best results for those in a behavioral health crisis. It is crucial that New York does not throw the baby out with the bathwater and continue invest in CIT and support police looking to be part of the solution. NAMI-NYS would like to

see more funding dedicated towards CIT programs and the Institute for Police, Mental Health and Community Collaboration.

NAMI-NYS also supports the Executive FY-25 proposal's inclusion of \$2.8 million to provide housing and supports to individuals with mental illness experiencing homelessness and or involved in the criminal justice system, and \$9.6 million to enhance and expand specialized Forensic Assertive Community Treatment (FACT) teams to support individuals with serious mental illness in the community.

3-Expanding mental health housing programs.

NAMI-NYS believes in the three Ps of recovery: People, Place and Purpose. Having a suitable place to advance recovery is instrumental to success. This is why a community-based service that has always been a leading priority for NAMI-NYS is mental health housing programs which offer wrap-around support services. These programs play an important role in both advancing recovery and helping guide people towards independence. The growing attention to the homeless community (especially in New York City) has highlighted the need, to not only provide housing, but to give people the supports they need to recover successfully, live independently, and avoid negative outcomes such as homelessness and entry into the criminal justice system.

NAMI-NYS is supportive of the FY-25 Executive Budget inclusion of \$43 million to increase stipends for over 17,000 OMH Supported Housing units to keep pace with rising property costs. This is consistent with the legislation enacted in the FY 2024 budget that extended property pass through provisions to include OMH's non-licensed residential programs.

4-Advancing the intention of NAMI-NYS's proposed Nicole's Law by improving hospital admission and discharge procedures.

NAMI-NYS has long argued that we must improve hospital admission and discharge planning for those with psychiatric issues. In 2019, NAMI-NYS introduced a proposed Nicole's Law, which would address admission and discharge planning for those who entered a hospital due to a self-inflicted life-threatening incident (such as a suicide attempt, an overdose or self-harm). One of the other goals of Nicole's Law was to keep hospitals accountable for not providing person-centered care and connecting people to community-based services to continue their recovery.

NAMI-NYS applauds Governor Hochul for sharing our belief in the need for improved planning and accountability that is necessary to create a continuum of care and keeping these long overdue reforms a priority. The FY-25 Executive proposal includes \$7 million in funding to expand surveillance and regulatory compliance activities within OMH licensed and unlicensed program settings, including hospital inpatient programs and Comprehensive Psychiatric Emergency Programs (CPEPs). OMH and DOH will also

finalize regulations to codify the hospitals' admission and discharge requirements for patients with behavioral health conditions. We urge the legislature to support these efforts.

5-Strengthening insurance parity and commercial reimbursement rates.

One of the leading barriers to recovery-oriented services is the inability to pay for mental health services and/or having these services covered by insurance plans. NAMI-NYS has long fought for access by challenging insurance practices which fail to provide open-access, delay access, fail to adhere to mental health parity or adequately compensate providers for the costs incurred to deliver services. To ensure a mentally healthy New York State, it is imperative that psychiatric issues are seen as physical issues, are covered by insurance and that commercial plans reimburse community providers at the same rate as Medicaid as detailed in Part AA in the Health/Mental Hygiene Article VII executive budget bill.

NAMI-NYS strongly supports Governor Hochul efforts to pursue legislation to require commercial insurance companies to pay for State-licensed outpatient mental health and substance use services at least at the Medicaid rate. We urge the Legislature to support these efforts.

6-Addressing the children's mental health crisis.

New York's future needs you now, as our children's mental wellbeing is being negatively impacted in unprecedented ways. While one out of six children will experience a mental health condition each year, too many go untreated because they can't afford care, lack access to care or do not know where to turn for help. Many families consider pediatric psychiatric services, especially in-patient services to be a unicorn, a myth that does not really exist.

The lack of access comes despite the fact that nearly two out of three female students experienced persistent feelings of sadness or hopelessness during the past year. Tragically, ten percent of high school students attempted suicide in 2021, including 13 percent of female students and 22 percent of LGBTQ+ students. According to NAMI-NYS's upcoming policy report, "Invisible No More: Addressing Access Disparities in Inner Urban and Rural Communities":

In rural communities, children (2-8) have increased mental, behavioral, or developmental disabilities and the rates of suicide among children 10-14 is alarmingly high. In inner-urban communities, the Latina adolescents attempt suicide at a significantly higher rate than non-Latina adolescents and one in five Black teen girls attempted suicide. Among both black boys and girls, the suicide rates have steadily increased.

Social media is also a major contributor to the corrosion of the youth of New York's mental health.

NAMI-NYS supports the many steps taken to address this critical issue in the Executive FY-25 proposal, including:

- \$9.6 million to create 12 new youth Assertive Community Treatment (ACT) teams. ACT is an evidenced-based practice that offers treatment, rehabilitation, and support services, using a recovery-based approach, to individuals that have been diagnosed with serious mental illness.
- All of NAMI-NYS's education and support programs are peer-led and we deeply believe in the power of peers. This is why we are enthused to see an annual investment of \$2 million to expand peer-to-peer supports, offering safe spaces outside of the home and school where youth can meet with peers, provide support to each other, and utilize established connections to professionals and trained adults to better address mental health and wellness challenges. I want to clarify that the programs I mentioned earlier would not qualify for this, so NAMI-NYS would not benefit from making this recommendation.
- Expand access to high-intensity services through \$2.8 million invested annually to enhance Partial Hospitalization Programs (PHP). PHP children's services rates by 25 percent and develop several new PHP programs.
- \$1 million annually to increase training and specialized programs focusing on children with welfare system involvement. Funding will support two programs in Children's Community Residences in each OMH region to support reunification with families and build networks to mental health services.

NAMI-NYS also strongly supports Governor Hochul's efforts to address the impact of social media and her intentions to expand school-based mental health clinics.

NAMI-NYS has also identified three major issues that the Legislature can address to put New York on a path to properly improve mental health throughout the state.

1. Appropriately support the behavioral health workforce.
2. Update New York's Paid Family Leave and Paid Sick Leave programs.
3. Urge the Department of Health to address gaps in 1115 waivers and return Medicaid to fee for service.

1-Appropriately support the behavioral health workforce.

It is absolutely essential that New York cares for those who care for us. The ambitious goals Governor Hochul has put forth will be impossible to achieve without a sustained

knowledgeable, caring and culturally competent behavioral health workforce who serve as the foundation for which the system is built upon.

While the Executive FY-25 proposal contains some initiatives to bolster the workforce, including a 1.5% COLA, these unfortunately are not enough to fix a system that has long been greatly underfunded and overburdened.

NAMI-NYS is among the broad range of behavioral health advocates calling for a cost-of-Living Adjustment (COLA) tied to the Consumer Price Index-U (CPI) at 3.2% (July 2023), add the COLA back to the statute and add \$500 million to increase unrestricted flexible funding to compensate for decades of underfunding in mental health and substance use disorder services.

The COLA offers agencies flexibility to cover rising operational costs (energy, transportation, maintenance, food, technology/software) and provide salary increases for their workforce, their most valuable asset.

The \$500 million specifically targeting Medicaid and contracted providers in both adult and children's behavioral health sectors. This funding infusion will alleviate pressure on the current workforce, which faces a high job vacancy rate of 21% (July 2023 survey) due to heavy caseloads, paperwork, and non-care-related tasks.

This investment would allow providers to:

- Strengthen the job pipeline.
- Extend loan forgiveness and repayment programs.
- Create career pathways for adult, youth, and family peers (individuals with lived experience and training) within the behavioral health workforce.
- Support racial and social equity by acknowledging the diverse composition of the behavioral health workforce, predominantly BIPOC women who have been disproportionately affected by inadequate wages.

2-Update New York's Paid Family Leave and Paid Sick Leave programs.

Caring for caregivers also means acknowledging the unique role of family caregivers. As we detailed above the many cracks in our system have placed an increased burden on family caregivers.

New York's Paid Family Leave program has been tremendously beneficial for family members caring for loved ones living with mental health challenges. It has provided many families the much-needed opportunity to support their loved ones during times of crisis, while in the hospital and during the period following a discharge from an inpatient

facility, especially those who have had loved ones transferred to other parts of the state in order to access an inpatient bed. Paid Family Leave has had a critical role in advancing the recovery of many New Yorkers. Now it is time to improve New York's Paid Family Leave program and make it more equitable and less burdensome for New York families. It is also time for all New Yorkers to have access to the same level of support through Paid Medical Leave (PML).

NAMI-NYS would like to provide insights on Governor Hochul's proposals found in Part N of the Public Protection and General Government (PPGG) Bill. We applaud Governor Hochul for sharing our focus on the need to provide all New Yorkers with an opportunity to take PML. The expansion of PML will greatly contribute to advancing the recovery from mental illness. Giving New Yorkers the ability to take PML to properly address a psychiatric issue will certainly help advance recovery. While NAMI-NYS celebrates the Governor sharing our priorities, our opinions differ in how the program should be enacted.

NAMI-NYS fully supports the PML proposals made by Senator Ramos, (S2821B) and Assemblymember Solages (A4053B). Both the legislative and executive proposals would raise the Temporary Disability Insurance benefit to match the Paid Family Leave benefit and include protections for continued employment and against retaliation as well as a continuation of health insurance, however there are several key differences in the proposals.

The Governor's proposal would phase the program in during a five-year period, beginning in 2025 and New Yorkers would not receive full benefits until 2029. New Yorker cannot put their illnesses on hold until 2029, which is why the legislative plan would be fully enacted in 2025 and provide an immediate progressive wage replacement - a percentage of an employee's wages replaced by the benefit would be 90% for all wages up to 50% of New York's state average weekly wage and 67% of the wages above that level with an overall cap of 67% of the statewide average weekly wage. The purpose is to ensure that the benefit will be sufficient for all workers to be able to meet their needs.

Another key distinction is under the Governor's plan, wage replacement would be capped at \$280 a week after twelve weeks, while the legislative plan would maintain the proposed benefit level increase for all 26 weeks of Temporary Disability Insurance (TDI). The legislative proposal also provides stronger protections for New Yorkers and addresses insufficiencies that exist in the Paid Family Leave program.

These enhancements include:

- Permitting intermittent leave (leave that can be taken in increments of an hour rather than having to take all leave at once in a year; Currently PFL smallest increment is one day and there is no reduced leave in TDI).
- Broaden the family definition to be more inclusive to include chosen family as well as blood relationships.

- Eligibility for benefits after 4 weeks of work for an employer for both temporary disability insurance/paid family leave (currently 4 weeks for TDI but is 6 months for PFL).
- Eligible employees can take temporary disability insurance beginning the first day of their disability (currently cannot take benefits until the eighth consecutive day of disability).
- Freelancers/self-employed opt-in without a 2-year waiting period as is currently required (one would need to have worked for 4 weeks and stay in program for at least a year).
- Automatic conversion of a Paid Family Leave application/benefit to a temporary disability insurance application in the case of pregnancy or neonatal loss.
- Insurance transparency requires that an employer must give an employee the name of their insurance carrier and fill out necessary paperwork.

New Yorkers need improved Paid Family Leave and Paid Medical Leave and while NAMI-NYS is glad to see that providing this critical support is a priority for both Governor Hochul and the legislature, it is clear that the proposal made by your colleagues Senator Ramos and Assemblywoman Solages, will provide New Yorkers more equitable and inclusive support, increased protections and deliver these needs in a much more timely manner than the proposals found in Part N of the PPGG. NAMI-NYS urges you to follow your colleagues' lead in advancing recovery by providing New Yorkers with the Temporary Disability Insurance benefits they need.

3-Urge the Department of Health to address a gap in 1115 waivers and return Medicaid to fee for service.

Along with many health access advocates, NAMI-NYS was enthused when New York was granted an 1115 Medicaid waiver by the Center for Medicaid Services (CMS) which will help address health access disparities. However, we are extremely disappointed that CMS denied New York's request to have the waiver include the 90-day period prior to one's release from a correctional setting. As detailed earlier the correctional system is disproportionately populated by people with behavioral health issues. It is imperative that these individuals are put on a path towards recovery when preparing to be released, this will greatly reduce the chances of recidivism.

NAMI-NYS is disappointed that the Department of Health has not appealed this decision.

We also join many behavioral health who believe that behavioral health services should be returned to fee-for-service.

In conclusion, New York has an opportunity to continue to mend a long-fractured system and advance NAMI-NYS's goal of ensuring all New Yorkers affected by mental illness live healthy, fulfilling lives supported by a community that cares. Thank you for allowing me to share NAMI-NYS's perspective on the budget and we look forward to partnering with you and your colleagues to build the behavioral health system New Yorkers have long needed.