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Mental Health Association in New York State, Inc.

Glenn Liebman, CEO

Susan A. Wheeler, Board Chair

Glenn Liebman, CEO

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Testimony to:

Assembly Ways and Means

and Senate Finance

Mental Hygiene Budget Hearing

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...working to ensure available and accessible mental health services to all New Yorkers

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

Introduction

Thank you very much for this opportunity to present today on the Mental Health Budget. I would like to thank Assemblyman Farrell and Senator DeFrancisco as well as the other member of the committee and welcome our new Mental Hygiene Chairs, Assemblymember Gunther and Senator Carlucci.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State, Inc. (MHANYS). MHANYS is a not for profit mental health organization with 30 affiliates in 52 counties across New York State. Many of our members provide community-based mental health services as well as advocacy, training, and educational programs in their area.

At the State Mental Health Association, we work very closely with our members. Though the State organization does not provide direct services, we do a great deal of advocacy, trainings, and education. The Mental Health Association movement was started over one hundred years ago by Clifford Beers. He was well ahead of his time in talking about ideas of recovery and the greater good of the mental health community. To this day, we at the State organization and our members throughout New York truly believe in this message and that is why we advocate for many things that don't directly impact us but are for the greater good of the community. That is why we have been involved in issues like Timothy's Law, Adult Home Reform, Prison Reform, Geriatric Mental Health, Veterans Mental Health, Juvenile Justice, Transitional Age Youth, and so much more.

This is the ninth year I have testified before the committee and much has changed during that time. Through the support of the Legislature and the Executive, we have been able to sustain the structure of community services. In recent years, under the leadership of Governor Cuomo, we have worked through the Medicaid Redesign Team to help transform our system into a more responsive, accountable and person-centered mental health system.

That said, we have also fallen behind in many areas and we are very concerned about the future. The Community Mental Health vision that we strongly believe in has to continue to have a foundation that will serve as a safety net to those individuals who are most vulnerable.

I. Safety Net of Community Support

This safety net of community support is what keeps people moving forward to recovery. Our members offer arrays of services from care coordination, early intervention, peer and family services, housing, education, employment, and much more. These services and the people who run them are vastly underfunded.

In this year's proposed budget, there are no proposed cuts to community-based mental health services, but for the prior four years, we have had cuts to services. Rent, gas, oil, transportation, and electricity costs continue to increase, yet we have faced an environment of cuts or at best status quo.

It has been five years since the workforce has received a COLA that would have dramatically helped keep the community structure in place. Of course, the ironic part of all this is that funding community services saves the state money by keeping people out of hospital beds at a cost of over \$150,000 a bed, or out of emergency rooms, or out of the criminal justice system. We urge your support for a five percent COLA for the mental health field.

Twenty years ago, we had a revolution in mental health. With the leadership of the Legislature and Governor Mario Cuomo, we were able to see passage of the Reinvestment Law. This law created a mechanism that would insure that the closing of psychiatric facilities and beds would be reinvested back into community services. This was a boon to the community with over \$210 million added to the budget for community support. Many of the programs that are available today were started as a result of this landmark legislation.

Unfortunately, over the years, reinvestment funding has been lost. To the credit of Governor Cuomo and the Legislature, there is language that is provided for future reinvestment, but not

for this year. Also, the reality is that many beds have already closed over the years without the reinvestment dollars that should have been provided for the community.

We would like to work with you to create a new Reinvestment II formula that includes utilizing funding from ward closures, bed closures, and hospital closures in state psychiatric facilities as well as funding from psychiatric bed closures in community hospitals. While we can have a thoughtful discussion if beds or facilities should close, I think we can all agree if they do close that money should be dedicated to community mental health services. That is why we are calling for a Reinvestment II.

As we go into a period of transformation between the integration of managed care and mental health and implementation of health homes, it is significant that we continue to have a community system that is 'boots on the ground' in responding to community members' needs. It is also important to have a strong fabric of community services to insure that even as we go into Medicaid Managed Care and capitation, we have the safety net of community support in place.

Recommendation 1

A five percent across the board increase for Cost of Living (COLA) adjustment for the Community Mental Health Work Force.

Recommendation 2

Reinvestment II that provides reinvestment into the community from hospital beds closures, ward closures, and psychiatric hospital bed closures in community hospitals.

II. Access to Mental Health Medications

For over twenty years, MHANYS has fought for access to medication for individuals on Medicaid. We have believed strongly that individuals need all options to be available to them to insure that their needs are met. In recent years, there were changes to Medicaid that limited options for atypical anti-psychotics. On top of that, there was no longer the patient protection of 'prescriber prevails' in place.

Last year, we acknowledged the great work of the Legislature in working with the Administration to have ‘prescriber prevails’ included in the budget. This language was a patient protection that insured that individuals, in consultation with their doctors, would have final say on what medications they needed and it would not be driven by the formulary of a health plan.

There is discussion now of the idea of a Gold Card for prescribers. As advocates, we are willing to entertain any discussion that improves access to appropriate medication. Our biggest concern right now is that we have an immediate response to patient needs by insuring complete access to appropriate medication. While we continue to encourage discussion about the Gold Card, we will support the restoration of ‘prescriber prevails’ to respond to immediate concerns of individuals with psychiatric disabilities.

We urge the Legislature to work with the Executive and insure that ‘prescriber prevails’ and any other useful reforms are in place to insure that ‘prescribers’ in consultation with the individual, have final say over their appropriate medication in all drug classes.

Recommendation

Insure that individuals have access to their appropriate medications in consultation with their prescribers and that medication options are not driven by the plan’s formulary.

III. Housing

We are appreciative that there has been funding allocated in the budget for additional housing beds. We are supportive of the work of the Governor in the MRT as well as the Legislature in insuring additional housing beds in the pipeline as well as more supported housing. We strongly support the additional \$91 million in the MRT budget for Supportive Housing including demonstration projects that are designed to bring down Medicaid costs for those served.

We are also appreciative of the Governor's work on housing for adult home residents, nursing home residents, and individuals who are homeless. We have long advocated for the needs of adult home residents and their ability to move into more independent community housing.

The stark reality is that though New York is a national leader in housing for individuals with psychiatric disabilities, there is much more that needs to be done. There are several populations of people that are dramatically underserved including transitional aged youth between the ages of 16-24 and individuals with psychiatric disabilities living with aging family members. We must make sure to identify mechanisms to support those individuals and their loved ones.

We must also have a statewide needs assessment to find out how many individuals in New York State with psychiatric disabilities need housing. Without such a means in place, any planning is incredibly difficult.

Finally, specific to adult home residents, we are concerned about integration with the Justice Center. Adult Homes with under eighty residents are exempt from the provisions of the Justice Center. We urge the Legislature to work with the Administration to end that exemption.

Recommendation 1

Supported housing and community housing funding for \$91 million with specific earmarks for children with psychiatric disabilities living with aging parents and transitional age youth.

Recommendation 2

Continue to implement the phased in housing for adult home residents, nursing home residents, and individuals who are homeless

Recommendation 3

Create a statewide needs assessment tool to identify the housing needs for individuals with psychiatric disabilities.

Recommendation 4

Insure that Adult Homes with under eighty beds are not exempt from the provisions of the Justice Center.

IV. Public Awareness and Community Support

Our members throughout New York State have voiced concerns about some of the provisions of the Safe Act especially related to its impact around mental health. We have continued to make the argument that mental health and gun laws are two separate issues. We know that people with mental illness are twelve times more likely to be victims of violence than perpetrators of violence. We also know that only 4% of all violent incidents are caused by people with mental illness. This is not advocates talking – this is science and research talking.

Yet, both nationally and in New York, we have been brought into this discussion. We know that there are other much more significant predictors of violence including age, demographics, family history of violence, trauma, substance abuse and several other factors. Yet unfortunately, mental illness is front and center in this gun control debate. We continue to say that we must ‘pivot’ from this mental illness and violence discussion and move to the real discussion about how we improve the lives of people with mental health issues in a constructive, accountable way and not in a punitive process that impacts the therapeutic relationship between the clinician and the individual..

We believe we can help get there through our earlier recommendations around funding increases and a new Reinvestment formula, but there are other recommendations that will also help us create a much stronger community service system.

Mental Health Education Bill – Through the leadership of Senators Carlucci and Flanagan and Assemblymember Gunther, Assemblywoman Nolan, and Assemblyman Ortiz, a bill is being introduced that will provide a greater opportunity to provide mental health education in schools from elementary through high schools. This bill is not a mandate but it is a bill that codifies existing law and makes it easier for school districts to teach mental health as part of

their health curriculum. It serves a twofold purpose of providing greater education to eliminate stigma and helping provide students and teachers with a greater understanding of mental health and the integration with physical health.

Mental Health Stigma Bill – Through the leadership of Senator Carlucci, we have had a bill introduced that will provide a tax check-off for mental health public awareness in New York State income tax. This bill would create a fund that would be used to combat the stigma and negative portrayals of people with mental health issues. It has long been a priority of our organization and we look forward to working with the legislature to embrace this bill

Mental Health First Aid – One of the more recent initiatives across the country in the mental health field is the concept of Mental Health First Aid. It was recently embraced by President Obama as part of the federal response to mental health services. This Mental Health first aid is much like regular first aid in the sense that the training will help people better identify and respond to individual mental health crisis. This training can help with early identification and help in the avoidance of crisis as well as improve mental health literacy to the general public. It is a great tool for teachers, law enforcement, other first responders, and anyone who deals with the public. We urge funding for a demonstration project.

Suicide Prevention – In two weeks, MHANYS, along with its colleagues at the American Foundation for Suicide Prevention (AFSP) will be holding a ‘Mental Health Matters’ Legislative Day that brings together hundreds of people across New York State either directly or indirectly impacted by mental health issues. One of the key advocacy agendas is to train and provide funding for suicide prevention. With 90% of people who complete suicide having a depression diagnosis, we know that this is both a health and mental health crisis. We need your support to help fund suicide prevention.

Parents with Psychiatric Disabilities – For too many years, Section 384-B of Social Services law has been used as a discriminatory tool against parents with psychiatric disabilities who give

birth and are in fear of losing custody of their children. We must eliminate that discriminatory provision of the law.

Recommendation 1

Support the Mental Health Education bill.

Recommendation 2

Support the Mental Health Stigma Tax Check-off bill.

Recommendation 3

Support the Demonstration Project for Mental Health First Aid.

Recommendation 4

Support funding for Suicide Prevention.

Recommendation 5

Support elimination of the mental health clause in 384-B of Social Services Law.

V. Criminal Justice Services for Individuals with Psychiatric Disabilities

Juvenile Justice – In a few weeks, our organization will be releasing a report about juvenile justice services and mental health. A high percentage of the youth in juvenile justice facilities have an existing mental health issue. Our report identifies strategies like family engagement, early intervention, and appropriate mental health services that can help divert youth from ending up in the juvenile justice system and instead end up living productively in the community.

The continuing effort to keep people with mental illness out of state prisons is crucial. Thanks to the Special Housing Units (SHU) Exclusion law, many individuals would be diverted into residential mental health treatment units. The Justice Center will be taking over this important function and we urge you to allocate additional funding to insure appropriate monitoring and

allocation of the SHU Exclusion law. In addition, funding through the Office of Mental Health is important to insure that there is more effective discharge planning in place. Discharge planners should document patients' mental health needs, past course of treatment, and level of services needed as well as help patients locate and enroll in community mental health programs.

Recommendation 1

MHANYS will work in a coalition with other advocates, the Legislature, and Executive in addressing the needs of the juvenile justice system through family engagement and better links with community mental health services.

Recommendation 2

Insure that there is funding in place for The Justice Center to help insure appropriate monitoring and allocation of the SHU Exclusion Law as well as additional funding for community support services for those released from prison and jail.

VI. Veterans Mental Health

MHANYS, through its members across the state, has been a vocal leader in reforming services for veterans. We recognize that much has to be done in this area and that one of the strongest obstacles currently in place is the stigma associated with mental illness. The ways to get through that stigma are through initiatives like peer support and military family education.

Through the leadership of Senator Zeldin and former Senator McDonald, the State received funding to create the PFC Joseph Dwyer Program for treatment of veterans with PTSD and TBI with a strong emphasis on peer support. This program is just getting started in several areas around the state. We need to expand this program throughout New York.

In recent years, we have recognized that family members play an integral role in the education process. Many family members have themselves been dramatically impacted by their member in the military. Through the innovative Resiliency and Recovery Initiative run through our

organization, we have been able to help provide support, education and services for military families in Jefferson and Nassau Counties. This funding is currently through the BMS Foundation and will be running out this fall. We would like to work with the Legislature to expand that funding for other areas of the State.

Also, the Mental Health Association in New York City has been working to develop a Network of Care as a Web based clearinghouse for access to mental health services and resources for veterans. There are successful models in California, Maryland and several other states across the country.

Recommendation 1

Expansion of the PFC Joseph Dwyer Program for Veterans with PTSD and TBI with a strong emphasis on peer support.

Recommendation 2

Expand the successful Military Family Recovery and Resiliency Project to other counties in New York State. This is a model that has proven to be very successful and expansion will dramatically help military families

Recommendation 3

Develop Network of Care in New York State to provide web based information and access to issues of veterans and mental health through the Mental Health Association in NYC.

VII. Reform Initiatives

As we mentioned earlier, the ground is shifting when it comes to behavioral health reform in New York State. Between the advent of Health Homes and the future implementation of Medicaid Managed Care, there is much that we have to do to both preserve the existing structures that provide quality care and transforms the pieces that do not meet the appropriate outcomes around recovery.

In one regard, some of the work has been done for us. The Governor's MRT Recommendations on Behavioral Health are a blueprint for much of the positive change. In addition, the paper from the Community Mental Health Coalition also provides us with a strong response to the changes in Medicaid Managed Care and Behavioral Health.

As we transition to managed care, we must insure through contract language and appropriate outcomes that the system reflects a structure of community support that includes housing, employment, education, peer support, family education, and early intervention services.

This can best be done in a two-tiered structure. The first tier is to make sure that any Medicaid managed care contracts include these enumerated programs and appropriate outcomes. The other piece is that we want to insure that there is still a community service structure left to provide that safety net. We still need to have training, education, public awareness, respite services, additional housing, support services, diversion programs, and early intervention programs.

That is why we advocate a second tier around preserving the community based services safety net. Make sure that there is still state aid in place for these services for those on Medicaid as well as the burgeoning non-Medicaid population. A capitated rate for Medicaid should not include money from the local assistance budget. We urge you to support our calls to preserve the safety net by continuing to have funding in place for local assistance and community aid.

Recommendation 1

Insure the recommendations of the Behavioral Health MRT and the Community Mental Health Coalition are embedded into contract language with Managed Care Plans.

Recommendation 2

When developing capitation rates for Managed Care, insure that there continues to be a community mental health safety net funding stream through Local Assistance and State Aid.

Summary

In summation, we are optimistic in many ways. The Affordable Care Act gives us an opportunity to insure that all people with mental health concerns will have greater access to care. In addition, no longer will people not be able to attain insurance because of pre-existing conditions. This has long been a tactic used to deny mental health coverage for families.

The MRT teams and the recommendations of the Behavioral Health MRT and the Community Advocates Coalition Paper are powerful tools for inclusion in a future of managed care. We are also hopeful that we will continue to see better linkages of health and mental health through health homes and integration between primary care and mental health through collaborative care.

However, in order for the system to move forward successfully, we must have services undergirded by a community system of care that can provide a safety net for those most in need. We urge your support for increased community supports, a new Reinvestment II, and many of our provisions to help insure that individuals with psychiatric disabilities are able to move forward in their recovery.

Many of the recommendations we have put forth do not have related costs. Many of them are self-sustaining such as reinvestment or are requiring better coordination through existing structures such as codification of existing law and tax check offs.

Those that do have a cost figure attached will both in the long and short term save money by keeping people out of the hospitals and emergency rooms and having them live productively in the community.

Mental illness has been in the news recently but for many of the wrong reasons. These recent horrific tragedies have played into peoples' fears that continue to equate mental illness and violence. However, this provides us with an opportunity to move away from this discussion and 'pivot' to the real discussion of how to provide the accountable, accessible, and relevant services necessary for people to recover and move forward. We look forward to working with you toward that end.

Thank you for your time.