



Mental Hygiene Budget Hearing

Testimony for the NYS Legislative Joint Fiscal Committees
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Thank you to the members of the Senate Finance Committee and Assembly Ways and Means Committee for the opportunity to submit testimony on the Governor's FY 2014-15 Executive Budget for Mental Health. My name is Kimberly Williams, and I am the Vice President of the Center for Policy, Advocacy, and Education at the Mental Health Association of New York City. MHA-NYC has a unique three part mission of direct service, advocacy, and education. Our direct service programs support children with serious emotional disturbance and their parents, adults with psychiatric disabilities, and provide access to behavioral health services through our crisis contact center. Our educational programming educates the general public about mental health issues and where to get help and trains diverse provider systems to increase their ability to respond to behavioral health issues. MHA's advocacy initiatives promote the development of, and advocacy for, comprehensive mental health policies, particularly focused on emerging areas of mental health need.

The behavioral health community is in the midst of planning for unprecedented system reform, moving to a care delivery infrastructure that we all hope will be more responsive, better coordinated, accountable, and person-centered. In order to successfully prepare for this transition, the Governor's proposed budget includes historic investments in community based mental health services to help ensure that individuals with psychiatric disabilities have much needed supports in place. MHA-NYC strongly supports the proposed budget increases for mental health services.

State Hospital Downsizing and Pre-Investment in Community Services

MHA-NYC has long been an advocate for caring for people in the community rather than in institutions when at all possible, and to that end has supported the increase of community-based services. We believe that, with the development of additional and specialized community services, it may be possible to responsibly reduce the census of state hospitals and the current number of beds in use at state facilities. However, we believe that such reductions should be carefully planned so as to avoid setting people adrift in the community without adequate supports.

In preparation for the closure of an estimated 400 state hospital beds, the 2014-15 Mental Hygiene budget provides \$25 million to expand community based services. The funding will be used to both re-deploy state hospital staff to community care and to expand critically needed not-for-profit service capacity. Thanks to the Governor and his Administration's leadership vital pre-investment dollars will be used to develop new and supplement existing mental health services ensuring that there will be additional supports in place prior to the proposed closure of beds. Services to prevent unnecessary hospitalization and address areas of unmet need, as prioritized by the regional centers of excellence teams, should include suicide prevention, crisis/respice beds, home and community based waiver slots for children and youth, housing, urgent care centers, mobile crisis teams, first episode psychosis teams, recovery centers, and family resource centers and support services.

Further, under the leadership of Assemblymember Gunther and Senator Carlucci, a bill has been introduced that will continue to enhance funding for community mental health reinvestment services.

As NYS continues to plan for the downsizing of state hospital beds, MHA-NYC urges that the ongoing public planning process continues to reflect careful assessment of the impact of closures on consumers and their families, service utilization and capacity, local mental health system capacity, education and training of mental health professionals, and the state workforce. Particularly important is the preservation of high quality state programs that are specialized in serving populations who are generally not served outside of the state system.

Recommendations:

- **MHA-NYC calls on the Legislature to support the state's commitment to provide \$25 million to expand community based services in preparation for facility downsizing.**
- **MHA-NYC recommends support for the Community Mental Health Reinvestment Bill (S-6363/A-8517).**

Medicaid Funding for the Transition to Managed Care

The 2014-15 Health budget reinvests \$120 million in Medicaid savings associated with decreased use of inpatient and emergency room services by Medicaid beneficiaries with long-term psychiatric disabilities to support the shift to managed care. MHA-NYC strongly supports the proposed reinvestment of this savings to prepare for behavioral health system transformation. This includes:

- \$20 million to assist managed care plans, health homes, and behavioral health providers to build the capacity and infrastructure for the transition of behavioral health services into managed care.
- \$15 million to support the integration of behavioral and physical health services
- \$40 million for a targeted Vital Access Provider (VAP) program to preserve critical access to safety net providers who provide needed access to care in underserved communities
- \$5 million to establish clinical care provided in OASAS residential settings

- \$10 million to establish Health Home Plus to enhance support for individuals receiving care management under a court order for Assisted Outpatient Treatment; and
- \$30 million to expand needed community services to prepare for the transition to Health and Recovery Plans (HARPs). Services will include crisis services, rehabilitation, peer supports, habilitation, respite, non-medical transportation, family support and training, employment supports, education, and supports for self-directed care.

Recommendation: MHA-NYC urges the NYS legislature to maintain the \$120 million in Medicaid reinvestment to improve community based support initiatives in preparation for the move to managed care.

Community Based Housing and Supports

Safe, decent affordable housing with supports is associated with better health outcomes, reduced homelessness, and decreased less costly care. The Health and Mental Hygiene budgets build on this effective public health intervention in a number of key areas:

- The budget brings long overdue justice to adult and nursing home residents with psychiatric disabilities who have been transinstitutionalized in these settings. The budget provides funding for housing and community supports to enable individuals to live in integrated community settings in compliance with the Americans with Disabilities Act and the Olmstead decision. \$40 million has been allocated to fund the development of 200 residential units for individuals transitioning out of nursing homes (\$10 million) and 500 units for individuals transitioning out of adult homes (\$30 million).
- The budget adds \$6.5 million for supported housing rent increases in Westchester, New York City and Long Island, regions where rental costs have been rising while state subsidies have not increased in many years, thus threatening community tenure for many. The increase will support continued quality housing and services for individuals with psychiatric disabilities.
- The budget increases Medicaid Redesign Team (MRT) supported housing funds by \$14 million in 2014-15 and an additional \$60 million in 2015-16.

Additionally, in order to properly plan for appropriate housing, a statewide needs assessment is warranted to identify how many individuals with psychiatric disabilities need housing and to determine their unique needs. Thanks to the leadership of Senator Carlucci, a housing waiting list bill has been introduced to identify housing need.

Recommendations:

- **MHA-NYC calls on the Legislature to support these allocations for expansion and enhancement of housing and supports for individuals with psychiatric disabilities that will help sustain stable, integrated lives in the community.**
- **MHA-NYC supports the Housing Waiting List Bill (S-5228/A-7721).**

Medication Access

For many people with mental illness, access to a medication(s) that meets their unique needs is a vital component of recovery. For individuals with serious psychiatric conditions, it takes time and careful consultation with their provider to determine the most effective medication regimen. The proposed budget modifies the current prescriber prevails provision, thus placing barriers on individuals' accessing their medications of choice.

Recommendation: MHA-NYC urges the Legislature to reject language that would create obstacles to prescriber prevails.

Workforce Capacity

As the system prepares for major transition, a strong and qualified workforce will be needed to support the expansion, innovation, and integration of services. In order to sustain workforce capacity, NYS must recognize the workforce's critical role in facilitating successful system reform by funding a Cost of Living Adjustment, which has not been granted in over 6 years despite rising costs.

Recommendation: MHA-NYC urges the Legislature to support a 2% COLA for the community mental health workforce.

Leveraging Transformation to Meet Historic Unmet Needs and Respond to Demographic Shifts

As part of NY's behavioral health transformation, a main goal is to create an environment where all New Yorkers with behavioral health conditions receive appropriate, high quality care. In that regard, NY's reformed health and behavioral health systems, both Medicaid and non-Medicaid services, must reflect the creation of a system that provides mental health services that are responsive to the needs and preferences of, and are available to, *all* people with mental health challenges.

Many people are unwilling or unable to access traditional behavioral health services. In fact, experts suggest that more than half of people with behavioral health problems do not use standard sources of care for these conditions. Stigma, cost, distance, and lack of available services at night or on weekends are common barriers. Achievement of the triple aim of better health, better care, and lower costs as we make care transitions will require innovations in behavioral health service delivery that reduce barriers to care, expand consumer choice, and increase access to evidence based practices. In other words, services will need to be made available at a time, in the form, and in settings, that are most desirable for consumers in need.

MHA-NYC offers the following recommendations for ensuring and broadening behavioral health care accessibility in the new care environment:

- ***Special populations:*** Progressive reform and expansion of the mental health system should focus on the needs of those who are underserved and on addressing major demographic shifts including:
 - **People with serious mental illness** who do not use traditional services, who are being deinstitutionalized, who are homeless, and who are involved with the criminal justice system. While it is the aim of behavioral health system reform to meet the needs of these individuals, we must ensure that services emphasize recovery, enhance access to mainstream society, and improve quality of life.
 - **Children and adolescents and transition age youth**
 - **Older adults**, a growing population that faces unique mental health, physical, and social challenges as they age
 - **Diverse racial and ethnic communities**, which are also increasing in number
 - **Veterans, service members, and their families**, who face numerous barriers to accessing care. Through the leadership of Senator Zeldin and former Senator McDonald, NYS established the Joseph P. Dwyer Program to provide peer support for veterans with PTSD and TBI. This program is now successfully operating in 11 counties throughout NYS and includes a range of supports including veteran facilitator recruitment and training as well as individual and group peer support. The legislature should continue and expand this initiative to additional communities, particularly localities with a high percentage of veterans.

Recommendation:

- **To address the unique mental health challenges of these diverse populations, we urge the Legislature to work with the Administration to:**
 - **Ensure that adequate services are developed and a workforce sufficiently prepared, including the capacity to deliver services in a consumer's preferred language.**
 - **Support managed care plan and provider flexibility in implementing state of the art and innovative service delivery models to most effectively provide accessible care that meets the diverse mental health needs of particular communities.**
 - **Support the renewal and expansion of the Joseph P. Dwyer Peer to Peer Support Program**
- ***Access issues:***
 - **With the release of the federal parity regulations, we must ensure and monitor implementation of parity between health and mental health insurance coverage in NYS**

- **Assure that care is available to people who will continue to lack insurance coverage or with inadequate insurance coverage, including undocumented immigrants.**
- **Expand the use of technology to engage people** who are otherwise not willing, or able, to access care. NYS should be maximally permissive in funding the use of technology based treatment and services such as telemental health, evidence based online therapy programs, and telephonic, text and chat services. The expanded use of technology is particularly important for reaching isolated populations including homebound older adults and people living in rural communities as well as the long term unemployed, and people impacted by disasters. A growing body of research supports the effectiveness of these approaches to improving access to care and treatment outcomes. The immediate, accessible, and nonjudgmental services available through technology based care keep people out of emergency rooms; link them to appropriate community resources, and motivate many to seek behavioral health treatment, health care, and social services.

Recommendation: To further enhance service access, support:

- **Federal parity implementation**
- **Continued care for those who will still lack insurance, and**
- **Use of technology based care.**
- ***Integration of physical and behavioral health care:*** The NYS budget builds on efforts to foster integrated service delivery. As we expand integrated care models, of particular importance will be expectations about how to have real integration at the system delivery level and the ability of providers to deliver integrated care in many settings, including normative community settings, where consumers are often more comfortable receiving behavioral health services. Therefore, removing regulatory barriers that impede integration will be required. The budget authorization that allows the Commissioners of DOH, OMH, and OASAS to waive regulations to support the implementation of NYS's Delivery System Reform Incentive Payment (DSRIP) program is critical to fostering integrated care.

Recommendation: Support continued efforts to overcome barriers to integrated service delivery.

- ***Mental health education:*** Unfortunately, we live in a society where discrimination, stigma, shame, and lack of understanding still prevent people from accessing the mental health care they need. NYS must commit to combat discrimination against people with psychiatric disabilities and educate the public about mental illness to foster better societal acceptance and integration, particularly as we aim to transition more individuals from institutions to community living. By expanding programs like Mental Health First Aid (MHFA), training to help people better understand, identify, and respond to individuals with a mental health need, we can improve mental health literacy and greater understanding and acceptance in the general public.

Recommendation: Support expanded mental health education efforts, including enhanced funding for Mental Health First Aid, to combat discrimination and stigma and better foster community inclusion.

- *Suicide prevention and crisis response:*

- Unfortunately, suicide remains a leading cause of death, particularly among young people, the middle-aged, and older adults. Therefore, suicide prevention must continue to be a critical element of NYS's public mental health system.

In order to confront the challenge of suicide in our nation, a groundbreaking suicide prevention initiative, **zero suicide in health and behavioral health care**, has been developed and is beginning to be adopted in communities across the country. The initiative, which has also been recognized by the NYS OMH, involves making organizational systems changes that create a culture of zero suicide, ensure that individuals at risk have a pathway to care, develop workforce competence, identify and assess suicide risk level, use evidence based care, and continue contact after care is delivered. As demonstrated by Henry Ford Health Service, Magellan Health Services, and others that have adopted the model, organizations can effectively reduce suicide risk and help patients build protective buffers and resilience. The zero suicide initiative should be integrated throughout all of NYS's health and behavioral health reform efforts.

- Another **best practice approach for suicide prevention** is the **continuity of care model**, which provides a **chain of crisis response** that are critical for saving both lives and unnecessary costs and begins with prompt access to care ending with the provision of definitive care, referral, prompt follow-up, and rehabilitation. While the model for continuity of care varies based on community resources, ideal components include community crisis responders, comprehensive psychiatric emergency programs, mobile crisis teams, crisis respite, warm lines, and crisis hot lines. NYS's reformed delivery system should include an integrated and cooperative crisis response system to ensure that individuals with serious mental health risks will be supported and not fall through the cracks.

Recommendation: MHA-NYC urges the Legislature to work with the Administration to support the inclusion of the zero suicide initiative and continuity of care crisis response in the reformed behavioral health system.

In closing, MHA-NYC strongly supports the investments to expand community based mental health services and supports that are proposed in the 2014-15 budget. We urge the NYS Legislature to support these important and historic funding allocations. We also urge NYS to continue to leverage these reform efforts to ensure greater accessibility for populations in need and the delivery of innovative, integrated care.

Thank you for the opportunity to offer these recommendations.