Mental Health Association in New York State, Inc.

Testimony to Joint Legislative Public Hearing on 2017-2018 Executive Budget Proposal Topic Mental Hygiene

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Thank you very much for the opportunity to testify at today's Legislative Budget hearing. My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State, Inc. (MHANYS). Our organization is comprised of 26 affiliates in 50 counties across New York State. Our members provide community based mental health services to over 100,000 New Yorkers with mental health challenges.

Our organization is also involved in advocacy, education and trainings. Our core mission is to advocate for the greater good of the mental health community and to help eradicate the stigma of mental illness.

This is the 14th year I have had the opportunity to present testimony. Over these years, especially in more recent years, there has been great progress made in the fight to end the stigma of mental illness. I want to thank all of you, especially Assemblymember Gunther and Senator Ortt, because you listened and you acted. In recent years, there have been some hard earned successes for people with mental health issues through prevention, education and public awareness efforts.

Last year the passing of the mental health education bill was a landmark accomplishment. In the fall of 2018, all students will be taught about mental health as part of the health curriculum. With one in five children having a mental health issue including high percentages of depression and anxiety, this legislation will have an immediate and greatly beneficial impact.

In the public awareness arena, thanks to the dedicated work of our mental hygiene chairs and Senator Carlucci, we have the first bill in the country dedicated to funding for public awareness about mental illness through a New York State Income Tax check off. It sent an important and immediate message to the entire State that mental illness is as significant as any other illness including breast cancer awareness and Alzheimer's disease.

This year's introduction by our chairs of a license plate bill to raise awareness and fight the stigma of mental illness is another wonderful opportunity to support people with mental illness and their loved ones such as myself. We hope you are all able to support this legislation.

All of your leadership especially that of Senator Young in 2016 resulted in the passing of a bill to help reform New York State's practice of 'Step Therapy' or Fail First. This common sense legislation will provide greater consumer safeguards and more ability for prescribers to have involvement with the treatment plan and medication choices.

So thank you for all your great work and support. We also thank Governor Cuomo for his signing of these important initiatives.

BUDGET ANALYSIS

We have a mixed budget this year as we have had for the last several years with some new spending but unfortunately some deferrals in spending including most importantly to Cost of Living Adjustments (COLA) to the mental health workforce.

Workforce

As I referenced earlier, this is my 14th year of presenting and in all the years, there has never been a greater need for a well-trained and well compensated workforce.

Think of it from an agency perspective. You have to run an agency with the expanding cost of health care and other ancillary costs of running a not for profit business. You have to deal with the transformation of the mental health system into Medicaid Managed Care and the new expectations put on that workforce. Then you are dealing with the impact of the minimum wage to your workforce. A not for profit is not like McDonalds; you can't raise hamburger prices by a nickel to pay for the minimum wage. Without additional state funding, we would be unable to pay for minimum wage increases.

According to work done by our colleague Doug Cooper at the Association for Community Living, we estimate that there would be the need of \$50 million a year for the next six years to help pay for the cost of the minimum wage increase. Our colleagues in the BFairtoDirectCare campaign have similar numbers on the Developmental Disabilities side.

That is only one part of the story. The other part of the story is that there is virtually no additional funding support from New York State. In Mental Health, we have received only two COLAs in the last decade and one was .02 percent (a dollar a more a week for most employees). This year again, sadly, the COLA is deferred.

How many more years can a COLA be deferred before the workforce is completely decimated?

At some point this logjam has got to end. Our workforce can tell you point blank that things have never been more difficult in the not for profit sector.

We are part of the Restore Opportunities Now (RON) campaign that is comprised of over three hundred and fifty not for profit organizations across the State that calls for crucial investments and systemic changes in New York's nonprofit human services sector. The impact of lack of funding for the not for profit sector is seen across New York State in poverty numbers, individuals with disabilities and food insecurity for both children and adults.

Many of the Governor's bold initiatives in the State of the State which we completely support such as expansion of indigent legal services, affordable housing programs, high quality pre-K for three and four year olds, SNAP benefit expansion, Fighting Food Insecurity, mental health services for individuals that are homeless, Opioid Addiction Reform, Veterans Support and much more, need the support and tireless efforts of the not for profit sector to succeed.

We must fund living wages that are competitive and keep pace with increasing cost of living in the future.

From MHANYS perspective, this issue is especially acute in the mental health sector. The workforce is incredibly mission driven. People know when they enter the mental health workforce that it is not for the money but it is for helping vulnerable people get better and move forward with their lives.

Yet, good feelings and mission driven work does not pay the rent or student loans. We strongly support Medicaid reform and the integration of health and mental health for people with mental health challenges. However as progressive as the systems of care may be, you need a sophisticated and well compensated and well trained workforce to operationalize these changes.

We must have a workforce enhancement if we are able to continue to run quality programs and support for people with mental health issues to live in the community.

Recommendation

- 1) Fund the minimum wage increase through state contracts and Medicaid reimbursements. Our colleagues in the BFairtoDirectCare Campaign have shed light on the needs of our community. We support their tireless efforts and we urge support in the mental health community as well.
- 2) Through the leadership of the Legislature, there was a COLA for the mental health workforce three years ago. That was very helpful. We need your support to insure that there is funding for another COLA for the mental health workforce.
- 3) Work with the Executive around workforce funding through the DSRIP Waiver. The \$8 billion waiver, over a five year period, has a specific set aside of \$1.08 billion for workforce and enhanced behavioral health services.

Much of the money dedicated to behavioral health of the \$1.08 has not been expended. How is that money being utilized and wouldn't there be an ability to redesign the waiver to insure that this funding was going to the behavioral health workforce rather than losing the funding from the waiver? There is only two years left of this waiver and New York should do everything possible to follow the language of the waiver that specifically states, "This funding will support Health Home development, and investments in long term care, workforce and enhanced behavioral health services"

Our colleagues at NYAPRS, The New York State Coalition of Children's Services and the New York State Council for Community Behavioral Healthcare all support this important initiative.

We also know that a very small percentage of the DSRIP dollars have flowed to community providers. In an account from last week's DSRIP meeting, less than two percent of funding has gone to downstream providers. Another way to incent the workforce is by insuring DSRIP contracts with these providers for the outcomes necessary to keep people out of the hospital and in the community.

The workforce is in desperate need of help and support and utilizing the DSRIP waiver can help provide resources to the sector with no impact to the State budget and to middle class taxpayers. We urge the Legislature to work with the Governor on this initiative.

Reinvestment

We are very appreciative of the Governor's efforts to continue funding for reinvestment services. There is an additional \$11 million in this year's budget to close 100 community beds. This \$11 million will bring the total to over \$90 million in annualized spending for reinvestment. We are appreciative of the legislatures' support for this funding. These critical service dollars have been used by many of our members across New York State in providing peer supports, crisis services, family engagement and employment programs. OMH deserves a great deal of credit for getting this money out to the communities around New York State

Recommendation

Continue support for reinvestment, but insure a full accounting of how the money is being spent. There should be a full breakdown of how the money is being spent for state operated programs versus community mental health projects.

Housing

We are very appreciative of the Governor's support for housing subsidies. This year's budget includes a proposed \$10 million dollars to enhance services for existing residential programs.

We completely support this funding as many of our members run residential programs and there is a constant need for program funding. We urge support for funding across New York State.

Recommendation

We support our colleagues at ACL, NAMI, and NYAPRS in supporting this enhancement of housing support. We are also seeking an additional \$28 million for this year and \$38 a year for the following two years to make these programs whole in their communities.

Veterans Mental Health

We continue to be concerned about the limited amount of funding in the budget for Veterans mental health. The rates of suicide and post-traumatic stress in the veterans' community are much higher than the general population. We also have to utilize funding to break down the walls of stigma. Many veterans will not acknowledge that they have a problem. Over the years, we have had great difficulty in assisting them in receiving mental health services and much of it has to do with stigma.

Recommendation

- 1) Continue the success of the Joseph Dwyer Veterans Peer Support Project by providing funding for additional counties across the State. Special thanks to Senator Ortt for leading the charge to continue funding for this vital program. As we were told at our Veterans Rally last year by a participant from Long Island who said, "Without the help and support of the Dwyer Program, I wouldn't be alive today" What a testament to the program.
- 2) Work with the State and Legislature to develop a public awareness campaign for veterans that addresses stigma and mental illness.

Mental Health First Aid

Mental Health First Aid is an eight hour training dedicated to making individuals aware of signs and symptoms of mental illness and how to respond to an immediate crisis. It also has played a major role in eradicating the stigma of mental illness.

The training is effective for the entire community but it has been particularly effective in the training of law enforcement personnel, teachers and others who work in fields that are more likely to come across individuals with mental health issues.

We thank the New York State Senate and in particularly Senator Ortt for providing funding to our organization to help spread Mental Health First Aid trainings within our network. This funding has been invaluable. We also appreciate the support of New York State Mental Health Commissioner Ann Sullivan for working with us on this important initiative.

We truly believe the entire community should be educated in Mental Health First Aid and with your support we hope this will one day become a reality.

Recommendation

Continue funding for Mental Health First Aid to help educate community stakeholders about how to respond to a mental health crisis.

Crisis Intervention Teams

After lagging behind the rest of the country for many years in CIT development, New York State has now become a leader in the field. Next week, I am speaking with the next group of counties that have come forward to develop these teams. Dozens of counties now have this training model in place and it is because of the leadership of all of you.

Thank you for supporting this intervention that brings together law enforcement, families and peers to identify how best to respond to an individual having a mental health crisis in the community. Countless lives have been enhanced because of this model.

Recommendation

We continue to support enhanced funding for Crisis Intervention Teams.

Managed Care Readiness

The transition in New York State from a primarily fee for service Medicaid payment system to managed care presents significant challenges to community based not for profits. While collectively these providers account for a substantial portion of the mental health services available at the community level, many lack experience in Medicaid billing or operating within a managed care environment.

These providers are an indispensable asset to the mental health system of care and will need financial assistance with startup costs, technology assistance and expert consultation.

MHANYS believes it is in New York's best interest to help these providers survive and thrive in the transition to Medicaid managed care and urges the Governor and the Legislature to make funding available for this purpose.

Over the last few years, OMH has made money available to community providers to insure that there be strategic investments made to help create a Medicaid structure. Health Information Technology funding is also being made available. We thank the Office of Mental Health for working with us on this but we also know that to undertake a retooling of the system of care takes a great deal of investment.

Recommendation

- 1) As we continue to make strategic investments in behavioral health transformation initiative, we must continue to recognize the importance of the funding for HARP Managed Care Start Up/Technical Assistance. State dollars are important to help not for profits navigate this new landscape. This funding must be a priority.
- 2) We also support additional HARP funding to get not for profits ready for Value Based Payments by helping to fund regional Independent Practice Associations (IPA) with the understanding that some of this money be utilized to incent small not for profits to be part of the IPA network.

Enhanced School Based Mental Health Services

As we referenced earlier, we are very pleased that through your leadership and that of the education chairs, Senators Marcellino, Assemblymember Nolan as well as Governor Cuomo, we were able to get the mental health education bill in statute.

That is a great first step but we need more.

Recommendation

Add funding to schools to support additional social workers, counselors and therapeutic after care mental health services.

Homeless Housing Initiative

<u>Recommendation</u>

We urge the Governor and Legislature to come together and sign an MOU, along with reaching a final budget agreement that would allow the \$2.5 billion dollars being targeted for 6000 new units of new supportive housing over the next five years to be released. This would be the first step in meeting the Governor's promise made last year to develop a total of 20,000 new units of supportive housing.

Funding for Adverse Childhood Experiences Programming (ACE's)

The Adverse Childhood Experience study (ACE's) offers research that links adverse childhood experiences with the adult onset of chronic mental health, physical health and social health issues. Other studies have shown short term consequences in school-aged children. ACEs are the best predictor for poor health and the second best predictor for academic failure. Understanding and responding to ACEs builds resilient communities.

Recommendation

Funding of a demonstration program would ensure bringing together leading experts on infusing the groundbreaking research into practical services aimed at reducing the social determinants of health and well-being for families in New York State.

Suicide Prevention Efforts

Last September, the Office of Mental Health introduced the innovative 2016-2017 New York State Suicide Prevention Plan entitled '1700 Too Many'. We are very appreciative of the work of Governor Cuomo, Commissioner Sullivan and the staff of OMH for their work in this arena. We also thank the Legislature for your support of suicide prevention programming.

Recommendation

We urge continued funding and support for the implementation of the zero suicide initiative, enhanced trainings for the community as well as for schools. We also urge continued support for data informed suicide prevention efforts.

New York State Justice Center for the Protection of People with Special Needs

Since implementation of the Justice Center three years ago, the Center has played a significant role in protecting vulnerable adults and children in licensed and regulated residential and community programs.

There have been many positive functions that have come out of the Justice Center including statewide reporting numbers, staff exclusion list, statewide training, provider awareness and most significantly in recent times, a movement to working collaboratively with the large majority of the not for profit workforce who work hard every day to insure that vulnerable New Yorkers are safe and moving forward in their lives.

These are significant accomplishments around safety and support but like with any nascent initiative, there are unintended consequences. It has had an impact on worker retention and practice and delivery of services by both public and private providers.

Recommendation

Now that there is three years of data in place, it is important to assess the legislation and identify areas of improvement around worker retention, client safety, incenting the workforce in a positive way and provider support. We support our colleagues at Northern Rivers in urging the Legislature to work with the Executive to review the legislation and seek modifications on how to best improve public safety and worker retention.

HEALTH DELIVERY

Prescriber Prevails

MHANYS is appreciative of the Executive including prescriber prevails language for Mental Health Medications in Health Plan formularies for Medicaid patients. We have fought for this provision for many years and are very appreciative of the Governors' support and the consistent support of the Legislature.

<u>Recommendation</u>

We are very supportive of the Prescriber Prevails language but also recognize that people with mental health related issues are also much more likely than the general public to have physical health issues as well including higher rates of diabetes, heart disease, obesity and other physical illnesses. To truly provide comprehensive care, there should be full 'prescriber prevails' language for all appropriate drug classes. We urge your support, as you have done so strongly in the past, to add this language back into the State budget.

Health Care Facilities Transformation Program

This program provides funding for the support of Capital Projects that facilitate health care transformation activities including merger, consolidation, acquisition of outside activities intended to create financially sustainable system of care or preserve or expand essential health care services. The funding is not for operations. Listed among the eligible providers would be licensed mental health clinics. The scope of the project is \$500 million with a thirty million set aside for not for profits.

Recommendation

We have two strong recommendations in this area.

- 1) The eligibility criteria would preclude many not for profit behavioral health providers from participating. We urge support for a language change that would include 'agencies that have been designated by the New York State Office of Mental Health as HCBS eligible for HARP services' This designation would make it possible to insure inclusion of many worthy not for profits in the behavioral health community.
- 2) Last year, the advocacy of the not profit coalition and your support helped to add \$30 million set aside for not for profits. It represented one quarter of the funding available at the time.

Since this year budget includes \$500 million, we urge support for that same percentage to be available for not for profits which translates into \$125 million dollars.

Health Care Regulation Modernization

The Governor's Budget proposes a health care regulation modernization team for purposes of providing guidance to the Governor towards a fundamental restructuring of the statues, policies and regulations that govern the licensure and oversight of health care facilities and home care to better align with recent and ongoing changes in the health care delivery system that are designed to increase quality, reduce cost and improve health outcomes.

There are significant mental health implications. Among responsibilities of the team would include certificate of needs streamlining, more flexible rules on licensing and scope of practice for clinicians and caregivers, streamlining and simplifying the primary care provisions; mental health and substance abuse use disorder services in an integrated clinic setting; align care models around home and community based services consistent with reports issued by the Olmstead Development and Implementation Cabinet; authorize the Commissioner of Mental Health and Commissioner of Alcoholism and Substance Abuse to implement time limited demonstration projects to test and evaluate new and innovative procedures for organizing and delivering health care services.

Recommendation

This structure would have a great impact on the mental health system of care. We urge support for the OMH and OASAS Commissioners to be added to the leadership of this entity as well as the chairs and representatives from the Behavioral Health Services Council.

LEGISLATION

Mental Health Teachers Education Bill

Last year, Senator Hamilton and Assemblymember Crespo introduced legislation that would insure Mental Health First Aid training or trainings based on these principles to be part of the certification process for all teachers. This legislation has been introduced again this year (\$.3550/A.4004).

Teachers are on the front line of educating our youth every day but often lack basic resources or knowledge about the signs, symptoms and available treatments for mental health disorders, or how to respond to a mental health crisis. Teachers should be fully equipped to recognize and respond appropriately to these signs and to have the knowledge necessary to also teach students about mental health.

Recommendation

We strongly support this legislation. MHANYS believes that educating teachers in public mental health compliments the new mental health education in schools legislation that students also need to learn about mental health. We urge passage of this bill.

Mental Health License Plate Bill

As we mentioned earlier, there has been legislation introduced by Senator Ortt (S.1210) and in the coming days from Assemblymember Gunther that would add Mental Illness Awareness to the list of currently available custom license plates in New York that support various causes such as Cancer Awareness, Autism Awareness, Organ and Tissue Donations and Diabetes among others.

There would be an additional \$25 fee attached to ordering these specialized plates that would go directly to the mental illness anti-stigma fund created as part of the mental health income tax check off.

Through the leadership of our Mental Hygiene Chairs, MHANYS and our colleagues will continue to raise awareness and fight the stigma of mental illness. New York has become a leader in the field of public awareness about mental illness and a licensed plate bill raising visibility will continue that trend.

Recommendation

We urge your support for S. 1210, the Mental Health Public Awareness License Plate Bill.

Raise the Age

We join with advocates across New York State in supporting the Raise the Age initiative and we thank Governor Cuomo for his strong support of this legislation as well as that of the New York State Assembly.

Recommendation

We urge the Senate to join the Assembly in fully supporting the Raise the Age legislation. There are many 16 and 17 year olds who are treated as adults in the corrections systems that have an underlying mental health and/or substance abuse issue. We need more prevention and early intervention services to insure they receive services and supports and not an entrance into the corrections system.

Discrimination Against Parents with Psychiatric Disabilities

We strongly advocate for the elimination of NYS Social Services Law (SSL) subdivision 4 of Section 384-b which discriminates against parents diagnosed with a psychiatric or developmental disability and can result in the termination of parental rights.

Recommendation

We urge legislative support for this important initiative. For the first time last year, the Senate passed this legislation. We thank Senator Ortt and his Senate colleagues for their leadership on this issue and urge support for this legislation in the Assembly.