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Testimony of Dr. Jeffrey Reynolds, President/CEO of Family & Children's Association (FCA)

before the Joint Legislative Budget Hearing on Mental Hygiene

February 5, 2021 9:30AM (Via Zoom)

Good morning. My name is Dr Jeffrey Reynolds and it's my privilege to serve as President and CEO of Family and Children's Association (FCA), based on Long Island. Founded 136 years ago, FCA employs 340 staff, maintains 200 volunteers and serves more than 30,000 Long Islanders annually. We operate more than 30 different community based programs, including a children's mental health program and another for seniors, two OASAS-licensed outpatient chemical dependency treatment centers, and two OASAS-funded recovery centers.

I appreciate the opportunity to testify today, especially given the gravity of what's happening on Long Island and statewide for people with substance use and mental health disorders. It's no secret that the social distancing and periodic quarantines that limit our exposure to COVID-19, dramatically increase our risk for anxiety, depression and increased use of substances, especially alcohol, the delivery and distribution of which has been one of the few constants during the pandemic.

Several national studies have confirmed what our frontline staff are seeing on the ground: that there's a parallel pandemic of mental health conditions impacting both kids and adults that if not diagnosed in a timely way and treated adequately, can be just as deadly as COVID-19.¹ We know that younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers are experiencing disproportionately poorer mental health outcomes, increased substance use, and elevated suicidal ideation.

When it comes to kids, the picture is even grimmer. Several studies have documented the pandemic's impact on the mental health of children.ⁱⁱ The CDC has found that the proportion of children's mental health-related ED visits among all pediatric ED visits in 2020 increased and remained elevated. Compared with 2019, the proportion of mental health-related visits for children aged 5–11 and 12–17 years increased during 2020 by approximately 24% and 31%, respectively.ⁱⁱⁱ

While real-time tracking of completed suicides remains elusive, the CDC has found that roughly 11% of the population has seriously considered suicide in the last 30 days with that number jumping to 25.5% for people ages 18-24 and to more than 30% for unpaid caregivers for adults.

For the last decade, New York has battled an opioid crisis that has devastated families and communities while cutting far too many lives short. Focused efforts in the areas of prevention, treatment and recovery helped us turn the tide in the past couple years, but now those gains seem to have evaporated. The 2020 New York State Opioid Report has not yet been published on the DOH website, but the Nassau and Suffolk County Police Departments are reporting a 40% increase in fatal overdoses in our region and the experiences in our own clinics and recovery centers confirm the deadly upswing.

Despite these deaths of despair, which virtually everyone predicted as COVID began, New York State implemented 20% funding "withholds" that have devastated behavioral health providers already stretched to capacity and hanging on for dear life before the pandemic hit. The reduction in local assistance payments has meant staffing reductions and hiring freezes in my organization. The increased demand from both existing clients and new clients has meant longer waiting lists, especially for kids. The sustained nature of the crisis has meant more time out of school for kids, more accumulated grief associated with the loss of family members killed by COVID, more economic stress for unemployed parents and more fear, uncertainty, anxiety and depression.

The move to telehealth and our continued ability to reach families in this way has been a godsend, but New York State expected an already overburdened network of providers to pivot, secure the equipment necessary to offer remote counseling, train the staff to deliver services in this way and work to engage families via phone and video camera, while simultaneously cutting our funding and suggesting that we call on our federal officials to help New York.

We all did that and there's a pretty good chance federal help is on the way. **But**

regardless of how much assistance materializes, New York needs to make providers whole for 2020-2021, release the withholds in their entirety and eliminate any reductions for the 2021-2022 state fiscal year.

New York State's residents – especially our most vulnerable folks from black and brown communities – are facing an unparalleled mental health crisis, for which there is no vaccine and where the effects will likely outlast COVID. Just as COVID is both preventable and treatable in many cases, so are substance use and mental health disorders. But New York State needs to see the OMH and OASAS-funded services that we provide as the PPE against deaths of despair. We're not there yet, but this budget process is an opportunity for you to follow the data and make the necessary adjustments.

Apart from anticipated federal aid, New York will likely receive significant dollars from the various opioid lawsuits filed against manufacturers and distributors. It is vitally important that those funds be set aside specifically and exclusively to support prevention, harm reduction, treatment, and recovery services under the oversight of OASAS and OMH, or a merged state agency.

The Senate and Assembly should ensure that opioid litigation settlement proceeds are segregated from the general fund and allocated specifically to address the needs of individuals and families impacted by the opioid crisis and to help prevent and mitigate further consequences.

Finally, I would be remiss if I didn't note that the Governor's proposed budget includes an expansion of gaming opportunities and the legalization of recreational marijuana, two moves that will potentially increase the incidence and prevalence of mental health complications among individuals and families.

A February 2019 audit by State Comptroller Tom DiNapoli noted that New York "has not conducted a comprehensive needs assessment or social impact study to identify the number or location of individuals in need of problem gambling treatment services since 2006," and that's with four commercial casinos opening upstate in 2013.^{iv}

New York already collects about \$3.7 billion a year from its traditional New York Lottery games, video lottery terminals, racetrack wagering, casinos – including Long Island's own Jake's 58 – and on-premise sports betting. Another state comptroller report, this one released last November, noted that New York spends and authorizes more than \$272 million annually promoting gambling – but in the 2019-20 fiscal year, spent only \$5.7 million on prevention, treatment and recovery services related to problem gambling.^v

Approval of expanded sports betting should be contingent on New York accelerating the planned 2023 impact study commissioned by OASAS, a \$5 million public education campaign – heavily focused on social media and sports websites – to reach young male sports fans, who are most at risk, a doubling of the state’s investment in problem-gambling treatment programs, including those based on Long Island, and a guarantee that a higher percentage of net gaming revenues going forward is dedicated to remediating gambling-related harms.

The issue of adult use marijuana is complex and as such, should be considered as stand-alone bill, rather than included in the state’s budget. **For now and most relevant to this conversation, it’s important that New York fund and launch a public health campaign about the potential dangers of marijuana use, especially targeted to pregnant women, teens and those with mental health conditions.** It’s also important that as marijuana investors cash in, that community based providers are given the resources to help stave off and mitigate the negative consequences associated with increased use of marijuana products. **To that end, FCA asks the Senate and Assembly include a significant commitment of funding (25% of gross tax receipts) to support prevention, harm reduction, treatment, and recovery as part of any adult-use program you approve.**

Virtually everyone involved in the state’s response to COVID and every County Executive has noted the significant mental health consequences associated with the pandemic. The 2021-2022 state budget is an opportunity to better link the rhetoric, the community needs, the dollars and the services available to those who are struggling. We hope you will work to do so.

I am grateful for the opportunity to testify here today. I thank you for your dedicated service to the people of our state and I welcome your comments or questions.

ⁱ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057.

ⁱⁱ Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry research*, 293, 113429. <https://doi.org/10.1016/j.psychres.2020.113429>

ⁱⁱⁱ Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related

Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1675–1680

^{iv} Office of the NYS Comptroller. Report 2018-S-39 Problem Gambling Treatment Program. February, 2019. Accessed via: <https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2019-18s39.pdf>

^v Office of the NYS Comptroller. A Question of Balance: Gaming Revenues and Problem Gambling in NYS. November, 2020. Accessed via: <https://www.osc.state.ny.us/files/reports/special-topics/pdf/gaming-report.pdf>