

February 5, 2021

**Testimony of
The NYS Office of Mental Health to
NYS Assembly & NYS Senate Fiscal
Committees**



**Office of
Mental Health**

Good morning, I am Dr. Ann Sullivan, Commissioner of the New York State Office of Mental Health (OMH). Chairs Krueger, Weinstein, Brouk, Gunther, and members of the respective Committees, I want to thank you for the invitation to address OMH's 2021-22 proposed Budget.

Responding to the Pandemic

From the very beginning of the COVID-19 pandemic, the Office of Mental Health developed and promoted resources to help New Yorkers manage the stress, depression and anxiety that often accompany a crisis situation. In March of last year, at the direction of Governor Cuomo, we initiated the **COVID-19 Emotional Support Helpline**. It was first staffed by mental health professionals and volunteers specially trained to help people cope with the typical stress reactions brought on by emergency and crisis situations. The volunteers provided guidance on managing anxiety, dealing with loss, strengthening coping skills and referrals for community mental health services when needed.

Today, thanks to a grant from the Federal Emergency Management Agency (FEMA), the New York Project Hope Emotional Support Helpline is staffed by crisis counselors who continue to provide free, confidential, and anonymous counseling. To date, **the Helpline has handled more than 50,000 calls from New Yorkers seeking help**, including non-English speaking individuals and people who are deaf or hard of hearing.

Through the Project Hope grant, we are also initiating more intensive **crisis counseling services** through community-based agencies located in NYC and the seven counties across the state most severely impacted by COVID-19. And crisis counselors will still be available to all New Yorkers through the Helpline. OMH also developed and distributed guidance and educational materials for New Yorkers on managing anxiety and staying safe during these anxious times. OMH also implemented "Coping Circles" the first program of its kind in the nation, which provided free six-week support and resilience virtual group sessions.

In addition, **OMH continuously monitors and assesses the needs of the most vulnerable, who predominantly use the public mental health system**, as well as the needs of all New Yorkers, especially during this ongoing pandemic. We employ various data sources in this effort, including, but not limited to, Medicaid data claims, hospital emergency room and inpatient bed utilization, state-operated referrals and bed utilization, clinic appointments and utilization in the voluntary provider system, and pharmacy and prescription orders and refills. As a result, we monitored access to treatment and crisis services and distributed information and wellness materials via our web platform and social media tailored to community needs.

And of course, throughout the pandemic, we have continuously communicated with our partners, community-based providers, advocates and other stakeholders to provide guidance on infection control, **utilizing telehealth**, regulatory changes in response to COVID, and other issues.

Telehealth

OMH surveyed recipients of care to ascertain the impact of COVID-19 on their lives and access to care. The survey found that 89% of the more than 6,000 respondents participated in telehealth services and 85% indicated that telehealth was easy and effective. The majority of respondents reported having the same amount of contact with their providers when using telehealth. Overall, there are positive findings to suggest that access to care (including telehealth, medications, and physical health care) was largely uninterrupted and **Telehealth claims from licensed OMH clinics increased from 35% of claims in March 2020 to 90% of claims in April 2020**.

The Governor's Budget proposes **comprehensive telehealth reform** to help New Yorkers take advantage of telehealth tools. These reforms will address key issues like eliminating outdated regulatory prohibitions on the delivery of telehealth, removing outdated location requirements, addressing technical unease among both patients and providers through training programs, and establishing other programs to incentivize innovative uses of telehealth.

Reinvestment

In accordance with the longstanding agreement with the Legislature to efficiently utilize taxpayer dollars within our state hospital system, OMH continues to right size our state hospitals by closing inpatient beds which are vacant for 90 days or more. **Since 2014, more than \$100 million has been reinvested into community-based mental health services across New York State. OMH has been able to provide services to nearly 125,000 new individuals, bringing the total to over 800,000 people served in the public mental health system.** Examples of the new community services that have been funded are Supported Housing Units, Child and Adolescent Crisis/Respite Beds, Clinic Program Expansion, additional OnTrackNY Teams, Crisis Intervention Programs, Assertive Community Treatment (ACT) Teams, and Long-Stay Transition Support Teams. Because these community services are available, New Yorkers can get the support they need to avoid hospitalization, access inpatient services only when needed, and live successfully in their communities

However, fiscal challenges confronting the state requires the proposed Budget to temporarily notwithstanding the Reinvestment Act in 2021-22, meaning that the reduction of vacant beds will not realize reinvestment in this fiscal year, but savings associated for these closures will be honored in the out years.

Housing

The Budget continues the \$20 million investment from FY 2021 to support existing residential programs, a part of the cumulative increase of \$70 million annually since FY 2015. In addition, **\$60 million in capital funding** will preserve community-based housing that allows people to live in the most integrated setting possible. The Budget also includes full support for the residential pipeline including resources for **900 new beds coming on-line**. Additionally, the **Empire State Supportive Housing Initiative (ESSHI) has allocated resources to support a total of 5,094 supportive housing units since January, 2016 of which 1,520 units were for individuals with serious mental illness.**

Crisis Reforms

To better serve New Yorkers the State has partnered with John Hopkins University to develop a comprehensive crisis response system. The Budget authorizes the launch of **Behavioral Health Crisis Stabilization Centers**. On average, **more than 100,000 individuals per year benefit from crisis intervention services**. These centers will be open 24/7/365 and accept all admissions without referral, including direct drop-offs by law enforcement and other first responders. The Budget continues implementation of the **\$50 million for capital** investments to expand crisis capacity. Additionally, this effort will also involve training of police officers and first responders to divert individuals they encounter toward crisis services rather than jails and emergency rooms, providing stabilization and reintegration for individuals in crisis.

Creation of the Office of Addiction and Mental Health Services and Parity Oversight

To better serve people with addiction and mental illness, the Executive Budget integrates the Office of Mental Health and the Office of Addiction Services and Supports (OASAS) into a new **Office of Addiction and Mental Health Services (OAMHS)**. OMH and OASAS jointly held statewide Listening Sessions in the fall with over 160 stakeholders providing testimony and comments. Overall, the vast majority of the participants were supportive of integrating the two systems.

This Budget proposal continues the collaborative work OASAS and OMH have undertaken over the past eight years to better coordinate and ensure access to care, including establishing integrated outpatient programs; establishing DSRIP projects focused on integrating care; and strengthening screening requirements in all settings to ensure addiction and mental health needs are identified and treated or referred for treatment.

To better support the significant number of people with co-occurring disorders, and to create important government efficiencies, the Governor's Budget proposes legislation to enable outpatient providers to more easily integrate physical health care with mental health and addiction services. The legislation will **establish a single license authorizing the licensee to provide a full array of physical, addiction, and mental health services.**

Additionally, OMH and OASAS have been working together with Department of Health and the Department of Financial Services **to implement a strong regulatory framework to ensure insurers comply with parity** and that they are using appropriate criteria to make coverage determinations for addiction and mental health services. The agencies' joint parity oversight and enforcement efforts have been strengthened by the parity reporting act under which insurers will submit information about claims denials and reimbursement rates in 2021.

School-Based and Suicide Prevention Services

School based mental health clinics are another area where New York State continues to increase access to treatment by providing services on-site. Currently there are **almost 900 School-based Mental Health Clinics in New York State**. Four years ago, there were less than 300 such clinics. The Budget again includes funding to support the **School Mental Health Resource and Training Center that has reached over 35,000 teachers, administrators, students, families and community members** providing education and information to support mental health and wellness in schools.

Suicide prevention must be a priority issue. OMH has partnered with State agencies and communities to implement recommendations from the Governor's Suicide Prevention Task Force. The Task Force also identified gaps in suicide prevention efforts and made recommendations for at risk populations where increased engagement efforts are needed, including Latina youth, LGBTQ, Black Youth, Veterans, and individuals living in rural communities.

Finally, OMH's goal is to increase access to prevention and community services prior to the need for more intensive and costlier care. For those who continue to need inpatient hospitalization, New York State has the highest number of psychiatric inpatient beds, per capita, of any large state in the nation and we will continue to preserve access to inpatient care as we transform the system.

Again, thank you for this opportunity to report on our efforts to support and continue the work that we have jointly embarked upon to transform New York's mental health system.