



Mental Health Association in New York State, Inc.

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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

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Thank you to the members of the Senate Finance Committee and Assembly Ways and Means Committee for the opportunity to present MHANYS' testimony today. I would also like to acknowledge and thank our friends and supporters in the Assembly and Senate Mental Hygiene Committees.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State, Inc. (MHANYS). We are a not-for-profit mental health advocacy organization with thirty affiliates in 52 counties throughout New York State. Many of our members provide community based mental health services in their local areas. We are also very involved in education, trainings, anti-discrimination efforts, and advocacy for the greater good of the mental health system in New York State.

This is the first budget in the last several years in which we have seen an increase in funding for mental health services. There have been many years where funding and services have been cut with dramatic consequence to the over 800,000 people served in New York's public mental health system.

We are very pleased to see proposed increases in the budget for community based mental health services and we thank Governor Cuomo for his leadership in transforming our system of care along these lines. Between the \$25 million for reinvestment funding, the \$140 million for behavioral health transition to managed care, the continued commitment to community beds for nursing home and adult home residents, and the housing rental increase in the budget, this represents a state commitment of over \$200 million to transition the delivery of mental health services to our communities.

As an organization that has long advocated for community based services, this is the best budget we have seen in many years. But as we all know, the bottom line is that there is much more that needs to be done to help people with mental illness live in safe, secure housing with an array of service options that lead to lives of dignity, productivity, and respect.

There are several priorities we support moving forward in this budget.

I. New York State Budget

A. Reinvestment in Community Services

With the proposed decrease of almost 400 psychiatric beds in the next year, we have strongly advocated that none of these beds should close without the savings from bed closures going back into community reinvestment services. We are very pleased that Governor Cuomo in his budget has strongly supported this reinvestment of services. His leadership and that of the Division of the Budget and Office of Mental Health in this area is greatly appreciated.

We also thank Assemblymember Gunther and Senator Carlucci for introducing a bill that continues to enhance reinvestment funding as well. We also want to thank the bill's co-sponsors, Senator Libous, a longstanding and dedicated supporter of reinvestment, Senator Tkaczyk who has been a real leader in raising awareness of reinvestment, and Assemblymember Lupardo who has long been a friend and supporter of community based services.

However, with the existing reinvestment dollars, we urge the Legislature to support using the majority of this funding to help support the expansion of community services in New York State for the things that were priorities to the regional centers of excellence teams – services like housing, crisis services, urgent care prevention, and peer and family services.

It is important to be able to provide funding to retrain inpatient staff to provide services in the community but we must also remember that there should be funding available to also train the not-for-profit community work force who work every day to provide innovative, quality and cost effective services that enhance individual recovery.

Recommendation 1

We urge the Legislature to work with the Administration to help support utilizing the majority of the reinvestment funding for community expansion through not-for-profit entities for services identified by regional centers of excellence teams.

Recommendation 2

We also recommend that as reinvestment funding is utilized for retraining of state employees into the community, that funding also be utilized to aid in the retraining of not-for-profit staff.

Recommendation 3

We recommend support for S-6363/A-8517 – the Community Mental Health Reinvestment Bill.

Recommendation 4

We recommend that the Executive and Legislature work together beyond reinvestment to continue to enhance funding for community services in mental health including COLAs for staff (discussed in greater detail later in this testimony).

B. Medicaid Redesign

On January 1st of 2015, the transition from Medicaid fee for service to managed care for individuals with behavioral health needs in the public system will begin in New York City and will follow up with the rest of the State in the ensuing six months.

As you can imagine, there is much concern and trepidation in the community about this transition. To the credit of the State, they have been very transparent and supportive of many of the concerns we have had and continue to have especially around issues of a secure safety net for those who fall through the cracks, fully funding the so-called 1915(i) services that are the recovery oriented services that many of our mental health association members provide in the community every day whether through peer support, family integration, education, employment, activities of daily living, respite, and early intervention and prevention. We also support an assurance that existing providers who have a stellar track record in helping provide community support (including the Mental Health Association members) continue to be essential providers of services in this new environment, reinvestment of any savings into the mental health community, and a robust set of metrics that will incent health plans to provide recovery oriented services.

For many years in our system of care, we have seen the closing of psychiatric beds in public hospitals. This is a worst case scenario in that not only does the community lose a valuable resource but any savings from the closures have not gone into mental health services. In this year's budget, that trend is changing and there is funding tied directly back into the mental health system.

Much of this money is appropriately going to readiness for the transition to managed care. This money is essential for this preparedness. Many of our members who provide the 1915(i)-like services now have little or no knowledge of Medicaid billing or their role in working with health plans. This money would help in their training and re-education and collaboration with Health Plans. This money would also help fully fund the 1915(i) services through the HARPS. As stated earlier, these 1915(i) services are what our members do so effectively in keeping people out of the hospitals and in the community in programs that help lead to recovery.

We are very appreciative of Governor Cuomo and the New York State Department of Health for beginning this process of reinvesting funding from the closure of psychiatric units in public hospitals into the mental health system.

Recommendation

Support the Funding in the Budget for Behavioral Health Preparedness for the transition to Managed Care and to fully fund 1915(i) services in the HARPS.

C. Adult Homes

For so many years, residents of adult homes with mental illness have been provided with false hope about moving from these homes to more independent living in the community. This year, it finally appears that this transition to the community for many of these residents will begin to happen. The combination of a legal settlement, the commitment

and support of Governor Cuomo, and the Legislative support will help begin the process of providing 500 beds in the community so that adult home residents can move out of their existing homes and into community housing. Appropriate information and support will be provided to residents and those that choose to stay will have the ability to do so, but the good news is that adult home residents who choose to can begin the long held promise of moving into their own independent housing. We look forward to the day, hopefully in the next several months, when this process begins for those residents of adult homes.

Recommendation

Continue to support the proposal in the budget to provide 500 beds for adult home transition and 200 beds for nursing home transition

D. *Housing Rental Subsidies and Housing Wait List*

We have long supported our members and housing advocacy colleagues who have said that the State subsidy for rents statewide in no way come close to meeting the cost of living in their communities. We very much support the increase in rental subsidies for downstate beds but we also support our colleagues at the Association of Community Living in calling for a statewide 3.8 percent funding increase as well as providing a complete 3.8 percent increase for all residential programs.

We are also pleased to see the introduction this year of a housing wait list bill by Senator Carlucci. We believe that in order to provide a full array of housing, the state must provide a plan that identifies the housing need in the community. As we transition to managed care, we need more than ever to have a planful process for developing and identifying housing capacity for individuals with mental illness.

Recommendation 1

Support the Governor's proposed increase in funding for rental subsidies downstate

Recommendation 2

Add a 3.8% increase for all residential programs statewide for a total additional budget appropriation of \$14.36 million. The breakdown is \$8.36 million for Community Residences and Treatment Apartments Statewide, \$3.8 million for Community Residence SRO's and Support SRO's statewide and \$2.2 million for an increase in Supported Housing for all beds outside of NYC, Long Island and Westchester

Recommendation 3

Support the Housing Wait List Bill S-5228/A-7721

E. Medication Access

It seems like virtually every year we come before you asking for your support in championing prescriber prevails. You have been our real leaders in this area and we are grateful for support and the recognition that people with mental illness need as many options as possible to help in their recovery. Medication is a vital part of recovery for many people and there should not be any obstacles to insuring that individuals on Medicaid have access to the medication recommended by their prescriber.

Recommendation

We urge you to reject language that would provide any obstacles to prescriber prevails and insure that individuals have access to the appropriate medications without having to worry about unnecessary hardships or delays.

F. Cost of Living Adjustment

There is much to praise in this budget and we continue to do so, but there is an area in which our community keeps being neglected and that is around a cost of living adjustment (COLA). This year is the sixth year in a row in which there was no COLA for the mental health work force. The mental health workforce is involved in a multitude of challenging issues on a daily basis, yet many of these people are working other jobs just to provide support for their families.

Our role is to help incent and keep a quality workforce in place. We can help by working with you to provide enhanced training and educational opportunities, but the bottom line is that what would really help the mental health workforce is an increase that would help keep up with the cost of living. We urge your support in helping to fund a 2% COLA for the mental health workforce. As we move to the new world of managed care, challenges will be even greater and their vital work is as important as it ever has been. Please help support a 2% COLA for mental health.

Recommendation

A 2% COLA increase for the mental health workforce would be approximately \$24 million dollars. We urge your support for this funding.

II. Mental Health Literacy

At the Mental Health Association in New York State, our mission is very broad in that we not only speak out about issues related to the public mental health system but in the broader framework of the entire community. Our goal is to promote mental wellness across New York State. Even the most optimally designed system of care can only be as effective as a population that is willing to use it and knows why, when, and how to access it. As we invest resources into refining our treatment delivery system, we also need to invest in educating its consumers.

Mental Health Literacy is an extension of the concept of 'health' literacy. It has been defined as 'knowledge and beliefs about mental disorders which aid their recognition, management, or prevention.' It includes: the ability to recognize specific disorders, knowing how to seek mental health information, knowledge of risk factors and causes, of self-treatment, and of professional help available, and attitudes that promote recognition and appropriate help-seeking.

This is crucial because we know statistically that one in four people in our country has a serious mental illness. You add those who are impacted as families and friends and you realize that there is no one who is not directly or indirectly impacted by mental illness. MHANYS is therefore committed to advancing mental health literacy among the citizens of New York State through increased investment in evidence-based training and education, strengthening mental health resiliency, fostering early intervention and access to treatment, and helping break down stigma in New York communities.

The areas we are working on in mental health literacy are around education, anti-discrimination, and training.

A. Mental Health Education Bill and Suicide Prevention

We strongly support a mental health education bill that would codify existing state regulations in the Education Law to insure that health curriculums in schools include a mental health component. This serves a dual role. Not only will it help provide important education for youth, but it would help decrease bullying and isolation of those students who may have mental health issues. With proper education, others students would have greater understanding and compassion for those with mental health issues.

As part of mental health training, there must also be continued training around suicide prevention. The New York State Office of Mental Health has done excellent work in developing curriculums and working to increase suicide awareness in schools. We must continue and enhance this work because we are losing too many young people to suicide completion. We must educate them, school staff, and their families about suicide prevention and risk factors.

Through the leadership of Assemblymembers Gunther and Nolan and Senators Carlucci and Flanagan, we have had a bill introduced. We look forward to working with all of you this year to creating a mental health education bill.

Recommendation

Support legislation that would codify existing law to make it easier for school districts to provide mental health education as part of their health curriculums. In addition, insure that suicide prevention is an integral part of that curriculum

B. Mental Health First Aid

Along those lines, there is a national training for mental health known as Mental Health First Aid. Mental Health First Aid is a great tool in helping to educate the public about mental health issues. This 8-hour training program is geared to teach the general public about mental health challenges and crisis and how someone can respond to those situations. It is not a clinical tool, but it is an invaluable tool that can be utilized by anyone in the general public. In our teaching of the course, we have had law enforcement, educators, military, librarians, mental health and health professionals, direct care workers, DSS staff, county staff, aging program providers, peers, and family members among others.

Through the leadership last year of Senator Carlucci, we were able to secure funding in the budget for our members around the state in training for youth Mental Health First Aid. We look forward to working again with Senator Carlucci, Assemblymember Gunther, and all of you in expanding that training to the general public.

Recommendation

Support funding of \$100,000 for enhancing Mental Health First Aid for core populations including the military, corrections staff, law enforcement, teachers and aging and mental health and health care providers.

C. Tax Check-off Mental Health Public Awareness

When it comes to mental illness, stigma is always the 500-pound gorilla in the room. It impacts everything we do and whenever there is a violent incident involving someone with a mental illness, the stigma increases tenfold. We can talk about the reality that people with mental illness are no more violent than the general population, but the perception is still there in the public eye.

We need a strong and forceful anti-discrimination message. Last year, Assemblymember Gunther and Senator Carlucci introduced bills in both their houses to create tax check-off in NYS income tax for a public awareness campaign to end discrimination of mental illness – right there next to tax check-offs for breast cancer research, the Adirondack Park, Alzheimer's Disease, and other worthy categories; we urge that a tax check-off for public education for mental illness be included.

Recommendation

Support legislation that would provide a tax check off in the NYS income tax for a public education campaign to end discrimination of mental illness.

D. Reform of Termination of Parental Rights Law

A continued population of people in the mental health system who are being discriminated against includes parents with psychiatric disabilities. Under 384B of Social Services Law, there is language in place that allows for the termination of parental rights for abuse, neglect, abandonment, mental illness, and developmental disabilities. It is time to change this archaic forty-year old legislation and eliminate mental illness and developmental disabilities from this category. We all agree that if you abuse, neglect, or abandon your child, you should have your rights as a parent terminated. However, why should mental illness or developmental disabilities even be listed? Bad parenting has nothing to do with a diagnosis and it has everything to do with a behavior. This discriminatory language should be eliminated.

Recommendation

Support legislation that would end discrimination of Parents with Psychiatric Disabilities by eliminating the mental illness/developmental diagnosis language in 384 B of Social Services Law.

E. Veterans Mental Health

As part of mental health literacy, we need to advocate to increase services for our true heroes in society – the brave men and women who serve in the military. We already have heard all the stories about these heroes coming home and dealing with high rates of suicide and PTSD. We must provide them with support and hope.

We are pleased to support funding for the Joseph Dwyer Peer to Peer Project. The Legislature has played a strong role in providing that funding led by the efforts of Senator Lee Zelden and former Senator Roy McDonald. We urge an increase in funding for the program and to include additional counties beyond the 11 that have received the funding. We also support a greater involvement from the funding for family involvement. For the last two years, we were involved in a project in Nassau and Jefferson Counties that helped to greatly increase services for military families and we have seen very positive results. Opportunities for these families must be increased.

Recommendation

Support the renewal of funding for FY 2014-15 for 11 counties for the Joseph Dwyer Peer to Peer programs as well as its expansion to other communities throughout New York where veterans make their homes. We also support flexibility in the funding to help assist families of veterans and to cover Case Management/Care Coordination.

III. Juvenile Justice and Transitional Age Youth

Several months ago, MHANYS published a report on New York State's juvenile justice system and the role of providing mental health and trauma based services for youth.

In the report, we found that though there have been great strides made in recent years, there is still much that needs to be done. Many of those in the juvenile justice system have mental health issues. There are limited resources for diversion programs. Screening and assessment tools must be enhanced to help in identifying mental health needs. There must also be increased trauma training for youth, their families, and staff and, most significantly, there must be greater inclusion of family supports and services.

Unfortunately, given the strain of the care system, families are often rarely involved in the juvenile justice process. There must be greater resources dedicated to family engagement. As Deborah Faust, our Director of Criminal Justice Initiatives says, "When you have a youth in custody, you have a family in custody."

We also support our colleagues in the Raise the Age Coalition. It is time that New York joins 48 other states in saying that it is not right that we try 16-year olds as adults, many of whom have mental health issues.

The population of youth in transition is one that is too often forgotten – squeezed between the children's system of care and adult system of care. They often fall through the cracks of our system. We need to help support them through greater mental health services in schools and clinics to help keep them in school and on a positive path and for those who drop out, which is well too high a percentage, we must provide greater links to strength based educational and vocational services. We cannot lose our most precious resources to homelessness, incarceration, suicide or homicide.

Finally, we must listen to the voice of the youth. We are very lucky in New York State to have an agency known as Youth Power. This is a not-for-profit that is solely run by youth. They are a strong and significant voice in the movement forward in providing services and support for Transitional Age Youth.

Recommendation 1

Support a demonstration project that would provide funding for a county to work with providers to develop a family engagement tool for the families of individuals in the juvenile justice system.

Recommendation 2

Support the Raise the Age legislation

Recommendation 3

Support funding to increase school based mental health services to help in keeping transitional age youth in school

We are very appreciative of all the legislature has done to support mental health in the community. The Governor's Budget is one of the best in several years that helps to begin to address many of the gaps in services. We look forward to continuing to work with you to provide and enhance these essential community services. Thank you for your time and consideration.