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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 for this opportunity to present testimony today. I would like to thank the Assembly Ways and Means Committee as well as the Senate Finance Committee and our mental hygiene committee chairs, Assemblymember Gunther and our new Senate chair, Senator Ortt, as well as all the committee members.

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 30 affiliates in 52 counties throughout New York State. Many of our members provide community-based mental health services across the State as well as education, training, and advocacy in their communities. As part of the over 100-year history and mission of the mental health association movement, we not only advocate on issues that affect our members directly, but we also work on issues that impact the greater good of the entire community.

This is the 11th year I have had the honor of presenting our organization's testimony. We have been pleased to have such supportive members who have helped over the years to restore funding cuts and add additional funding. Many of you are still on the committees and it is greatly appreciated.

MENTAL HEALTH TAX CHECK-OFF BILL

You have been champions to a cause that has not always been a popular one to support. As we all know, people with mental illness are often demonized and made to feel as outcasts in society. They are discriminated against in the workplace, in health care, in housing, in school, and in many other arenas. The reality is that one in five people in our country suffer from mental illness. If you take into account family members and close friends, we are all impacted either directly or indirectly by mental illness.

The other sad reality is that so many people with a mental illness never come forward at all because of the stigma associated with the illness. In the United States today, two out of every three people with a mental illness never seek treatment and the number one reason they cite for not seeking treatment is the stigma associated with the illness. Let's face it – stigma is the five hundred pound gorilla in the room and affects everything we do in public policy. If we could eliminate stigma, the walls of discrimination and fear would come crumbling down.

We have proposed a strong step to end the practice of stigma in New York that would cost taxpayers not one penny. Through the leadership in the Senate of Senators Carlucci and Ortt and in the Assembly by our chair, Assemblymember Gunther, legislation has been proposed to create a tax check off for a mental health public awareness campaign. All we are asking for is a box in the New York State income tax form – a box that could begin to change the perception of mental illness.

In the last two years, there have been three different check-offs signed into law, all for worthy causes. I ask you – what is a more worthy cause than ending the discrimination of mental illness?

We know that a tax check-off is not a panacea and would not end stigma but it would send a message to the community that policy makers recognize that mental illness is as worthy of a check off as Alzheimer's, Breast Cancer, and Children's Health.

Would it make up for the hundreds of millions of dollars that should be paid to the mental health workforce, to the thousands of New Yorkers with mental illness who need housing, to adult home residents desperately transitioning to housing in the community, or the person released from a correctional facility with a serious mental illness who needs treatment? No, it could never make up for the past, but it can become a pivotal part of the future and, maybe with greater public awareness and less misinformation, people with mental illness will have greater opportunities in the future. To date, over seventy organizations in every corner of the State support a mental health tax check-off. Many of the recent check-offs were part of the budget, so we urge your support in adding mental health public awareness as part of the budget.

Recommendation:

Urge the Mental Health Public Awareness Tax Check Off to be included as part of the State budget to help fight the stigma and discrimination of mental illness.

COST OF LIVING ADJUSTMENT (COLA) IN THE BUDGET

We are very pleased that there was a COLA added in the budget last year geared to direct care staff and other clinical staff. It was a very significant step and the first recognition of funding for staff in over half a decade. We appreciate your work and urge you to make sure that this stays in the budget.

As we know, the stark reality is that much more needs to be done. There are thousands of people out there on the front lines every day making lives better for people with psychiatric disabilities. They are underpaid and overworked.

In addition, in this new environment around managed care, licensure and certification, and DSRIP, the work of a well-trained and well-compensated staff becomes even more critical. We will never be able to make up for all the cuts over the years but an across the board four-percent increase will begin to stop this erosion and help in the recruitment and retention of quality staff

Recommendations:

- 1) Support the funding in the proposed budget that continues a funding increase for direct care staff as well as the expansion to clinical staff.**

- 2) **Support a four-percent across the board increase recognizing the need for quality staff as we move to greater credentialing of staff and the movement to transition behavioral health care in New York State.**

CORRECTIONS

There are several parts of the mental health budget that are positive and we strongly support. We are appreciative of the proposed addition of \$22 million in the budget for corrections and mental health. Last December, we were very pleased to co-sponsor a conference with the New York State Office of Mental Health and the New York State Commission of Corrections that highlighted the need for mental health services in the correctional system. We also thank the leadership of Assembly Committee on Corrections Chair O'Donnell and Assembly Committee on Mental Health Chair Gunther in sponsoring a hearing and articulating a vision of real reform regarding corrections and mental health.

This \$22 million in the budget will help insure better discharge planning, more appropriate housing and ACT services for many individuals released from prisons with behavioral health needs. This is a laudable goal and one MHANYS strongly supports, but we also would like even more to be done.

Along with our colleagues at NYAPRS, we are calling for 'presumptive eligibility' for individuals with mental illness not only being released from prison but local jails as well. The likelihood is that most, if not all, of these individuals would qualify for Medicaid so why not release them with a Medicaid card in hand so that they can more readily access services and not have to wait six to eight weeks for a Medicaid determination. This Medicaid Card would help produce a more rapid response from Health Homes and linkages to appropriate services would be expedited. An expedited process will provide less recidivism and a greater opportunity for community success at a minimal cost to the State.

We are appreciative that last year the Legislature supported funding of \$400,000 for Crisis Intervention Teams (CIT). These CIT teams are the most effective training dedicated to educating law enforcement about responding to a mental health crisis. The money in last year's budget was incredibly helpful to get this program started in several counties in the State. We are hoping to be able to provide additional funding in this year's budget to continue this priority funding and expand the counties receiving this training.

We also firmly support the Raise the Age proposal. New York's penal system should not be one of only two states that treat 16- and 17-year old nonviolent offenders as adults.

Recommendations:

- 1) Support keeping the proposed funding in the budget for correctional mental health services.**
- 2) Support legislation that calls for presumptive eligibility for individuals released from jail and prison with a mental health diagnosis. Insure that they don't have to wait four to six weeks to get Medicaid activated.**
- 3) Support funding for more counties to receive Crisis Intervention Training. This evidence-based best practice will help to provide training to corrections officers in working with individuals with mental health issues in crisis.**
- 4) Support the Raise the Age Legislation.**

HOUSING

There is a great need for housing in the community. We know that New York has more housing beds for people with mental health issues than anywhere else in the country and that is laudable but it is clear that even more has to be done. There are discreet populations of people who are desperately in need of housing – people coming from state hospitals, people coming from public hospitals, veterans with mental health needs, people coming from correctional settings, and people with mental illness living with an aging loved one are just a few of the significant populations. There are also issues within the already underfunded and overburdened existing housing framework.

We are appreciative that there is proposed funding in the budget of \$10 million for housing rate increases targeted to areas of greatest need. We advocate for an expansion of that subsidy statewide as many housing providers across the State continue to struggle with affordable rental subsidies.

We also support our colleagues at the Association for Community Living in calling for:

- \$29 million for a supported rate adjustment that is based on updated methodology that reflecting inflation and residents needs
- \$23.2 million for CR/SROs to help ensure higher intensity living environments for people transitioning out of acute settings
- \$17 million for community residences and treatment apartments to keep up with inflation
- \$12.7 million for permanent housing with supports to adjust for inflation

Recommendations:

- 1) **Support the proposed funding in the budget for rental subsidy increases.**
- 2) **Utilize the methodology to increase the number of counties that receive rental subsidy increases.**
- 3) **Support the call for increased funding for CR/SROs, Community Residences, and permanent housing.**

PRESCRIBER PREVAILS

Every year we continue to fight the administration's cut to 'prescriber prevails' and every year the legislature shows strong leadership in adding it back to the budget. We need your help more than ever to insure that people have access to medication. This is all about patient care. How can we deny access to medication choice when it is recommended by a prescriber?

Plans should not have the final say in choice of an individual's medication – it should be based on the recommendation of the prescriber in consultation with the individual. We should not deny 'good medical practice' to individuals with a psychiatric disability on Medicaid. This is not about pharmacy rebates or marketing strategies, it is about patient care. We urge your support in restoration.

Recommendation:

Restore Prescriber Prevails in this year's budget.

JOSEPH DWYER VETERANS MENTAL HEALTH PEER TO PEER PROGRAM

Society has become well aware of the issues of veterans and their struggles with mental health related issues including PTSD, anxiety, depression, and suicide completion.

The Dwyer Mental Health Peer to Peer Program for Veterans has been an incredibly effective response to returning veteran's needs. All the wonderful and innovative services in the world don't mean anything unless you take advantage of those services. The stark reality is that many returning veterans do not engage in mental health services for a myriad of reasons including stigma (that is why we so strongly support a tax check-off bill) and other factors as well.

What better way to help someone engage in services than working with a peer who has 'walked in their shoes?' A veteran peer is not only a case manager but is also a confidant and a friend who will help lead to engagement with services.

The 13 Dwyer projects around the State (we are proud to say several are embedded with MHA members) are showing the significant results of the peer-to-peer engagement strategy.

This year we are advocating for an expansion of the project to additional counties as well as the call for permanent funding of the program.

In addition, we are calling for a Joseph Dwyer Training Collective that would provide training to any of the 13 projects on issues related to Family Engagement, Veterans Mental Health First Aid, Suicide Prevention, Trauma Informed Care, and wellness tools such as Wellness Recovery Action Plan (WRAP). Through the work we have done at MHANYS in our Veterans Family Project and our Parents with Psychiatric Disabilities Program, these trainings and tools have been very successful for working with returning veterans and their families.

Recommendations:

- 1) Support an increase in funding to the Dwyer Project to include more counties.**
- 2) Work with the Legislature and Administration to make the Dwyer Project permanently funded in future budgets.**
- 3) Add \$250,000 in funding to create a Dwyer Project Training Initiative.**

REINVESTMENT AND PRE-INVESTMENT OF MENTAL HEALTH SERVICES

This year's budget includes an additional \$17 million in funding for community based services based on bed closures. We are very appreciative of your support both last year and this year. We know that bed closures can be a contentious issue but we remain steadfast in our support for any bed closures to be reinvested back into community services.

The State Office of Mental Health should be commended for getting out the funding to the communities very quickly for reinvestment services for the programs that many of us have highlighted as essential for individuals including housing, crisis services, peer support and family engagement.

Recommendation:

Continue to support the funding in the budget that would insure that there is reinvestment of any psychiatric bed closures back into the community.

ADULT HOMES

MHANYS, along with many of our colleagues, strongly supported the Adult Home Settlement agreement. Finally after all these years, over four thousand adult home residents would be able to transition into community housing over a five-year period. There has never been a population of people in the mental health community who have had more broken promises than adult home residents and our hope was that the settlement agreement would finally provide the housing that adult home residents have fought for. We still remain hopeful and supportive of the settlement but we are concerned about the transition process in the first year of the settlement agreement.

In this past year's budget, over \$30 million was added to create 1200 units of housing for adult home residents to transition into the community. Unfortunately, the stark reality is that the numbers from the first year have been nowhere near this projection in terms of community housing transition. We must work with the State to insure that those numbers dramatically increase through greater outreach, additional clinical assessments, more support for Health Homes, and appropriate housing stock.

We are also asking the question of what became of the \$30 million projected in last year's budget for adult home beds. Given the low numbers of residents that have actually moved, only a small percentage of that money would have actually been spent. If this money was not spent for adult home housing, it should have been utilized to enhance the assessment process.

That is also why we ask you to restore the cut to the EQUAL program for adult home residents. Though it is a laudable goal to support more funding for transition services, it should not be at the expense of an existing successful program, especially since there is a large part of the \$30 million from last year that was unspent.

We also want to insure that Adult Homes under 80-beds in size are subject to the Justice Center. Since the implementation of the Justice Center, those under 80-bed Adult Homes have been carved out. There is no rationale as to why those homes should be carved out from the Justice Center.

Recommendations:

- 1) Work with the Administration to continue to expedite the process for adult home residents to transition into community housing.**
- 2) Restore the proposed cuts to the EQUAL Program.**
- 3) Pass Legislation that will make adult homes that are under 80-beds in size subject to Justice Center oversight.**

READINESS FOR TRANSITION TO MEDICAID MANAGED CARE

As we are transitioning to Medicaid Managed Care for people with behavioral health needs, there is a sense of both trepidation and hope. The idea of Health and Recovery Services (HARPS) as part of Medicaid Managed Care is something our members have embraced because the so-called HCBS services are the recovery services that our members have done well for many years whether it is related to peer services, family engagement, diversion programs, crisis services, supported employment, supported education, or other traditional non-Medicaid funded programs.

The idea of being able to provide these services as part of Medicaid could very well mean an expansion of these services which will enhance individual recovery and productivity.

However, as you can imagine, many of our members who have never billed Medicaid in the past, are now going to begin the process of working in this new environment. As any Medicaid provider can tell you, it is not just about the billing of Medicaid, it is about other backroom functions like, data analysis, analytics, issues of medical necessity, quality assurance, and much more.

In recent years, the Department of Health, the Office of Mental Health, the Office for People with Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services have been holding discussions with many of the non-Medicaid agencies as well as Medicaid agencies that only bill for a few of their services.

In order to make the significant changes necessary to support many of the programs that have been the backbone of individual recovery and provide the best possible outcomes, we need to insure continued support for training dollars for Medicaid Preparedness.

Many of our members are embedded in their communities and have been lifeblood to individuals with mental health related issues. We need to insure that those agencies continue to exist and thrive in this new Medicaid Managed Care environment.

Recommendation:

Insure the continuation of funding in the budget that will help provider agencies in their readiness to begin the billing of Medicaid for mental health services in the transition to Medicaid Managed Care

DSRIP

The other major transition taking place in our community is DSRIP. The DSRIP waiver program is funded for \$8 billion over the next five years with the goals of reducing hospitalization by 25%.

The only way to get involved is to become part of a PPS network that must include behavioral health as part of the program. We are very supportive of the Department of Health in the inclusion of behavioral health because it creates a much larger capacity and viability for our services as part of this grand scale transition, but the other issue is that given the large networks, we are concerned that some of the smaller behavioral health providers that provide innovative and recovery oriented services will not have a real stake in the PPSs.

Recommendation:

We urge you to work with advocates and the Administration to continue to recognize the viability of these smaller behavioral health agencies as an integral part of PPSs.

MENTAL HEALTH FIRST AID

Mental Health First Aid has been a major funding priority for MHANYS and our members for the last several years. This groundbreaking program has provided training to thousands of people across New York State on how to respond to a mental health crisis (much like Red Cross First Aid responds to a physical health crisis) and to help educate people about mental health literacy. It is ideal for various sectors of the population including educators, law enforcement, corrections, people in human services, and the general public.

Through the leadership of Senator Carlucci, we have been able to get funding in the budget the last two years for Youth Mental Health First Aid specifically geared to educators and others who work regularly with the youth population. Because of this funding, many of our members across the State have been trained in the program and are working with their local communities to embed the programs in schools.

This year we are pleased that the Legislature has proposed in their budget to include \$100,000 to spread the word within our community of Adult Mental Health First Aid. This funding would be utilized to train our members so that they can educate various sectors including correctional staff about de-escalation of a mental health crisis and educating them about mental health.

Recommendation:

Support funding in the budget for Mental Health First Aid for the Mental Health Association in New York State, Inc. to continue to work within our affiliate network to provide this valuable training to the community

MENTAL HEALTH EDUCATION

There are few issues more significant than children's and youth's mental health related issues. Since most youth spend a great deal of their day in schools, it makes sense that schools should be more involved in discussions and educating about mental health.

The reality is that in many schools, there is not a great deal taught about even the basics of mental health. Even though one in ten children has a serious mental health issue, you can go from kindergarten through your senior year of high school without hearing words like suicide prevention, depression, and anxiety even though they are on the minds of hundreds of thousands of students every day.

We need to provide a better mental health education for youth. One way we can do that is by providing mental health education in schools as part of Health curriculums.

This is not a mandate bill, but it is one that recognizes and bolsters an ability of school districts to provide mental health education in their districts. Both Assembly Committee on Education Chair Nolan and Senate Education Chair Flanagan have been supportive of legislation. We also applaud the leadership of Assemblymember Gunther and Senators Carlucci and Ortt for their strong support.

Recommendation:

We urge the legislature to pass A.3887 (Nolan), which would amend the education law to clarify that health education includes mental health. A.3887 calls on school districts to ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation between mental and physical health in health education. This legislation would send a clear message to schools that New York considers health a concept that necessarily includes mental health without mandating a new course of instruction.

SCHOOL-BASED SOCIAL WORKERS AND OTHER CLINICIANS IN SCHOOLS

We also have to help bolster the addition of more school based Social Workers and other clinical professionals. A few months ago, I was speaking with a School Superintendent who told me that

she had 900 students and only one social worker for these students and the social worker was tied up with one student for two weeks. The research and science is telling us that half of people with mental health related issues first get the illness at age 14.

How can we combat that when schools don't have the resources or curriculums able to cope with such an enormous problem? We need your support and help in responding to this crisis.

Recommendations:

Support funding in the budget to increase the number of social workers and other clinicians in schools

INCLUSION OF BOCES PROGRAMS AS PART OF CHILDREN'S PSYCHIATRIC HOSPITALS

This year's proposed budget also calls for greater involvement with BOCES in providing education to youth in children's psychiatric hospitals. We strongly support this budget proposal. Youth in psychiatric facilities should receive the same educational opportunities as any other student in the community

Recommendation:

Support the call in the budget for providing youth in child psychiatric centers with BOCES services.

You have been our champions in many issues over the years and we continue to need your support moving forward in these challenging times. Thank you very much.

Please note the chart on the following pages that shows the agencies and counties that support a Mental Health Public Awareness Tax Check-Off.

It's time to end the stigma of mental illness!



We need your support for Mental Health
Public Awareness Tax Check Off Bill
S.632, A.833

Already, 70 Agencies within 44
Counties have signed on to show
their support for helping to end
the stigma of mental illness.

We need you!



Mental Health Association in New York State, Inc.

For more information go to www.MHANYS.org