MHA *in* NYS

Mental Health Association in New York State, Inc.

Glenn Liebman, CEO *Susan A. Wheeler, Board Chair*

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Testimony to:

Assembly Ways and Means and Senate Finance Mental Hygiene Budget Hearing

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Thank you for the opportunity to present at today's Mental Hygiene Budget Hearing. My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). Our organization is comprised of 30 affiliates in 52 counties across New York State. Many of our members provide community-based mental health services. Also, all of our members are involved in education, training, and advocacy in their communities. Many of the issues that we are involved with don't always impact our members directly, but they are involved because the mental health association movement has always been about the positive transformation of care in the community.

This year's budget is a flat budget on the community services side. This is welcome news given the cuts of the last few years. We were very pleased to see Governor Cuomo reference community services in the budget when he voiced the administration's support for 'local assistance reforms including shifting resources to programs that are more effective in helping people recover.'

We are also very supportive of Governor Cuomo's call for investment in the mental health community 'through reduced use of inpatient services while investing those savings into more effective community-based programs.' We will talk about this section later in our testimony. We are also supportive of the proposed additional units of housing for adult home residents, nursing home residents, and those discharged from the state psychiatric facilities. We will also talk in greater detail about that as well.

The reality of community mental health services is that even though we are the backbone and safety net for many people, the cuts of previous years and increased costs have made it difficult to have a robust community system of care that provides all the litany of services that a person with a psychiatric disability needs to assist in their recovery.

In real terms, when funding is cut, housing program wait lists increase because there is less housing available, hospital diversion programs that help transition people from inpatient to the community are cut so there are unnecessary longer lengths of stay, children's services are cut,

services to specific populations are also not enhanced such as parents with psychiatric disabilities, veterans, the geriatric mental health population, adult home residents, and youth in transition. This is all happening in a backdrop of an economy which has pushed more people into Medicaid because of their psychiatric issues.

As we know, community mental health services are a win for taxpayers as well by helping to keep people in the community instead of more expensive in-patient settings. They are a win for the entire community. The State saves money through cost effective services and more importantly, people are provided with innovative services that help lead to recovery. We have proposed a five-tiered program to help respond to the needs of the mental health community:

I. Reinvestment of State Hospital Bed Closures

As we know, the State has proposed the closure of Kingsborough Psychiatric Center in Brooklyn. This represents the closing or transferring of 240 beds. There are also proposed ward closures in several other state psychiatric facilities.

Our position is that if the State hospital beds are to close, the State should take the money from those beds and move them into funding for community mental health services. The State committed in 1993 to a reinvestment of hospital bed closures into the community. For a brief time, it was a windfall for the community and because the money was annualized, it was money that helped provide the seeds for many of the innovative peer, children and family programs that you see today.

However, for many years, there has been 'not withstanding' language in place for the beds. Essentially, this means that any facility bed closures would be going back into the state's general fund. It is a double hit for mental health. Not only do you close beds, but the money saved from beds closures is not going back into the community.

Recommendation

We support Governor Cuomo in his call for reinvestment of these closures, but we want to see specific language that insures the money will be fully reinvested in community services. These services include peer services, family services, children's services, housing, clinical support services, and any mechanism to help people recover. The best way to do this is for the Executive to work with the Legislature to develop either a new formula with enhanced funding for bed closure that provide appropriate investment in New York's mental health community or to eliminate the not 'withstanding' language currently in place around reinvestment.

II. Managed Care Transition, Health Homes and Additional Reinvestment

A second reinvestment is a reflection of the excellent work done by the Behavioral Health Medicaid Redesign Team (MRT). The recommendations that came forth from the Behavioral Health MRT were very strong and a real reflection of how Medicaid can be more effectively utilized for individuals with psychiatric disabilities. Also, it reflects the metrics that will help in providing the benchmarks for recovery – this is the kind of work done by the MHA members on a daily basis.

Among those recommendations that were of greatest interest were around the reinvestment of the savings from the transition to managed care into community based services. We have no idea at this point how much net savings would be in place, but we think it is significant that there is specific language to insure that the money is invested back into the community.

Recommendation 1

We urge the Legislature to work with the Executive to develop specific legislation that will insure savings from managed care are added back into community mental health services.

Local Assistance dollars funds a lot of mental health community services such as most of housing, children's services, suicide prevention, peer services, employment, parents with

psychiatric disabilities, training and education money, geriatric mental health, youth services and much more. This funding is separate from Medicaid.

As we transition to managed care in mental health and develop a capitated rate, our goal is to make sure that local assistance dollars stays in the mental health system and is not part of the capitated rate.

Recommendation 2

We urge the Legislature to work with the Executive to insure that as we transition to managed care, full funding remains in place for local assistance dollars and that it is not folded into capitation.

We are also transitioning in other ways as well. Many people with psychiatric disabilities will have their care coordination dramatically change through the implementation of Health Homes. The great hope of Health Homes is that there will be greater coordination of medical and mental health services. For many years, people with psychiatric disabilities have received minimal medical services. This is reflected in the incredible statistic about people with psychiatric disabilities dying an average of between fifteen to twenty five years earlier than the general population.

However, Health Homes are transformative and will only work if there is enough funding in place to insure that individuals with psychiatric disabilities have the care coordination necessarily to link them to both mental health and medical services. There must also be choice in place for consumers and oversight in place as well. This is a complete change in the service structure and we are fearful that some people including the non-Medicaid population are left behind.

Recommendation 3

Work with the Legislature and the Executive to insure that Health Homes are fully funded and have appropriate choice and oversight for enrollees.

III. Cost of Living and Direct Care Work Force

For the last four consecutive years, the community work force has not received a Cost of Living Adjustment (COLA). We are appreciative that the Legislature continues every year to keep the language in place so that when the budget picture changes, there will be a COLA available to the community.

By denying a COLA to the workforce, it impacts day to day operation of agencies. Costs go up on a daily basis for running an agency and yet there has been no relief for four years to help those in the community in greatest need.

The Mental Health Association members have always done the right thing in terms of providing quality services cost effectively. The continued denial of a COLA directly impacts that ability. In the past the COLAs have been effective tools to help keep a quality workforce in place. The plight of the direct care workforce is real. A study commissioned by the Legislature that MHANYS did two years ago indicates that over twenty-percent of direct care workers cannot even pay the premiums necessary for them to receive health benefits even when it is generously offered by their employers.

The language now in place regarding COLAs in Article 7 language still has to be defined. Our community is about providing quality measurable services, but we are still not clear on what the language means. Frankly, from our perspective it makes more sense to go back to the existing COLA language.

We also have to look for innovative ways to change the current system for the mental health workforce. One of the ways to do this is by creating an 'Upward Trajectory Project' that would be designed to incent quality direct care workers including peers to continue to work for their agency. A COLA would certainly be a strong incentive.

Other incentives would include trainings and educational opportunities such as tuition reimbursements at local community colleges and distance learning opportunities.

We also support the Administration call for a standard definition of fraud and abuse. The confusion among different agencies has led to both underreporting or over reporting and a standard definition and clear guidelines should dramatically help.

Recommendation 1

We recommend using the previous COLA language to supplant the proposed COLA language change.

Recommendation 2

We recommend working with the Legislature and Administration around an 'Upward Trajectory Project' to help incent a quality and loyal direct care workforce to help provider agencies in working with people with psychiatric disabilities.

IV. Options in the Community

Recovery is incredibly individualized. We know it happens because we can see successes every day, but what works for someone may not work for someone else.

The ingredients to recovery vary. Evidence-based and best practices like Peer Services, Assertive Community Treatment Teams, A Range of Housing Options, Employment and Educational Opportunities work for a lot of people. Clinical practice like Cognitive Behavioral Therapy and Multi Systemic Therapy also work for many people.

One of the major ingredients for many people in their recovery continues to be access to quality medications. Last year's budget eliminated the carve-out for mental health medications in the State's Medicaid Preferred Drug List (PDL).

This was a major concern to many of us who have fought hard to insure complete access to medications. As we know, one medication may prove to be a wonder drug for one person and have limited effects for another person. I know those trials through my own family member.

Not only was the carve-out lost, but we did not have prescriber prevails language in place as a protection. In other words, if a managed care company decides that someone should not get a medication because it is not in the company's formulary, then that person could be denied access even with the support of their physician. This is the most basic of protections and we urge your support for that language change. We also support a bill introduced by Assemblyman Rivera and Senator Hannon (A.8237 and S.5646) last year to provide consumer protections around medication access.

Individuals with psychiatric disabilities need access to a full array of medication options. They also need to have protections in place in case their managed care plans do not have their medication on their formulary. The state should also have grandfathering language in place to insure that anyone who transitions to managed care has access to their existing medication whether or not it is in the plans' formulary.

Recommendation 1

Support for legislation that calls for physicians prevails language for individuals with psychiatric disabilities.

Recommendation 2

Support for S.5646 (Hannon) and A.8237 (Rivera) bill to provide consumer protections around medication access.

Recommendation 3

The Legislature should work with the administration to insure that there is grandfathering language in place through the Department of Health for individuals with psychiatric disabilities transitioning to managed care.

V. Special Populations:

There are many sub-populations in mental health including parents with psychiatric disabilities, youth in transition, individuals with co-occurring psychiatric and addiction disorders, adult home residents, the geriatric population, and children's mental health services.

1) Adult Home Residents:

As many of you are aware, last year the State was compelled, based on the lawsuit brought by Disability Advocates, to provide housing for 4500 beds for adult home residents over a three-year period. This was a landmark decisions that would help insure that many of these individuals would transition to more independence in the community. However, almost exactly a year ago, there was a stay on the court order that has not yet been lifted.

As a result, individuals have not yet been identified to transition out of adult homes and into the community. This year we are appreciative that the Cuomo administration has proposed adding 5100 beds over the next three years to help transition these adult home residents. We also strongly the support the additional beds in the budget for the nursing home population transitioning to the community.

The concern we need to have addressed is what happens if the State ultimately wins the DAI lawsuit. Will they still be compelled to make this housing available? The Governor has had a long history of support for the housing of special populations. We hope that translates into fulfilling the housing commitment for adult home resident regardless of the final court determination.

As we move towards transitioning adult home residents to community housing. The agency most involved in the transition is the Coalition for Institutionalized and Aged Disabled (CIAD), a

grassroots agency largely comprised of adult home residents or former adult home residents. They will be integral to a successful transition.

Recommendation 1

Whatever the final outcome of the DAI Lawsuit, we urge the State to begin the transition of 4500 adult home residents into community housing.

Recommendation 2

Support funding for the grass roots advocacy of the Coalition for Institutionalized and Aged Disabled (CIAD)

2) Parents with Psychiatric Disabilities:

Over fifty-percent of the adults in the mental health system are parents and yet rarely are their programs designed to help them with their roles as parents. The MHANYS Statewide Parents with Psychiatric Disabilities Project which was a legislative initiative was designed to help provide parents and providers with the tools necessary for these individuals to live successfully in the community.

The struggles of parents with psychiatric disabilities are well documented. Not only do they deal with the normal parenting struggles but in many cases they are dealing with issues such as termination of parental rights and custody relinquishment battles. The legislative funding our agency received was utilized successfully in over twenty-five provider organizations.

Unfortunately, we lost the five-year funding after the first year, leaving hope shattered for many parents who were feeling that that State finally recognized their unique role as parents with psychiatric disabilities.

As we did last year, we again urge your support for funding for this project. The Office of Mental Health has been a good partner and was able to provide funding this part year for parents'

curriculums, but we continue to need financial support to again provide resources for all these parents. We must also take this opportunity to ask your support for the elimination of the mental health language around 384 B of Social Services law. This law was written in the 1970s. Since that time, there have been many changes in regard to mental health services in New York. We find this existing language archaic and discriminatory to parents with psychiatric disabilities

The good news is that the tools we developed for our Parents with Psychiatric Disabilities Project are being utilized to help military families. Through a grant from the BristolMyersSquibb Foundation, we are able to utilize the tools we developed for Parents with Psychiatric Disabilities and translate those tools into helping military families who we know have increased risk of mental health issues while their family member is on active duty. Currently, we have demonstration projects in Nassau County and Jefferson County (the home of Fort Drum). We look forward to working with the legislature to expand our scope to other areas of the state. We would look forward to doing a briefing for the legislature or to any specific members interested in finding out more about the project.

Recommendation 1

Support the amending of 384-B of Social Services Law to end the discriminatory language around mental illness

Recommendation 2

Provide more funding support for Parents with Psychiatric Disabilities.

Recommendation 3

Work with the Legislature and Executive to expand the counties receiving support money for military families.

3) Children's Mental Health Issues:

With regard to children and mental health services, there is specific Article 7 language in the budget in which we urge your support. For many years, the education of children currently in our state's psychiatric centers has not met state standards around curriculums and teacher certification.

To the credit of Governor Cuomo and the New York State Office of Mental Health, they want to change that to insure equality with youth in the community. They have proposed a demonstration project in New York City to work with the Department of Education to have the school districts provide the same curriculum and credentialed teachers to children in the psychiatric facilities as they do to any child being educated in any other school district.

There are some cost concerns that need to be addressed. My response is when it comes to discrimination, cost is irrelevant. Children in psychiatric hospitals should be afforded the same education as any other child in the community. To not do so is discrimination and that is unacceptable in this day and age.

MHANYS is also working with our colleagues at NAMI, Families Together and the American Foundation for Suicide Prevention on language that would allow for greater use of mental health curriculums in school districts. We should be openly talking about things like depression and suicide prevention in health classes. Also, suicide completion is a public health issue and the third leading cause of death among youth. The more we can speak publicly about it, the greater likelihood that we can help in the prevention of suicide attempts. It is also important for children to learn the connection between health and mental health. We thank the Mental Health Chairs for their support.

Recommendation 1

Support the Article 7 Language that calls for a demonstration project to help insure that children psychiatric facilities are in compliance with the state's education curriculum and that there is appropriate certification of teachers.

Recommendation 2

Support legislation that would provide for greater flexibility for school districts to teach about mental health as part of health classes

Recommendation 3

Support additional resources for suicide prevention for youth and all populations.

4) Co-occurring Disorders:

For over fifty-percent of the public mental health system, they also have a co-occurring addictions disorder. For those individuals with co-occurring mental health and alcoholism issues, we support what Assemblyman Ortiz has talked about for several years – an excise tax on alcoholic beverages. Taxes in other states have helped to lessen drinking. Revenues from those taxes should be used in the community for prevention programs.

Recommendation

Support an excise tax on alcoholic beverages

5) Youth in Transition

Regarding youth in transition, we have a perfect storm in place. We have youth who have dropped out of school because of their psychiatric disability. We have youth in foster care and in the juvenile justice system because of their psychiatric disability. Much has to be done to change that. We have talked about it for years, but frankly there has been little progress.

This past year, I was a member of the Health Disparities MRT. One of the most significant recommendations that came out of the group was to develop strategies for engaging youth with psychiatric disabilities. Among the strategies we have suggested include using Medicaid more aggressively for screening youth, more aggressive use of interventions such as vocational rehabilitation, supported employment, and supported education. We would gladly present our program to you at a further time.

Recommendation 1

Support the MRT recommendation to utilize Medicaid for early screening to help identify and provided services for youth in transition

Recommendation 2

Support greater education and vocational support for that population

6) Geriatric Mental Health

As I mentioned earlier, our members are innovators around the state. All of our members have run programs and trainings every day that are in the forefront of psychiatric recovery. We are also innovators in terms of programs. Many of the state's mental health initiatives started as incubators in various mental health associations. A prime example is the Geriatric Mental Health Alliance which started in the MHA of New York City. This was one of the first groups that helped to identify the needs of the geriatric population. We are pleased that the Legislature has supported this program over the years and we urge your continued support for the geriatric population

Recommendation

Support funding for Geriatric Mental Health Services.

We thank the members of the Committees and the entire Legislature for your continued support and we look forward to working with you on these significant initiatives.