



Assembly Committee on Mental Health

Oversight Hearing: Impact of COVID-19 on individuals with either a mental illness or an intellectual or developmental disability

September 8, 2020

Chair Gunther and Distinguished Members of the Assembly, thank you for the opportunity to testify today. I'm Nadia Chait, the Associate Director of Policy & Advocacy at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

The COVID-19 pandemic, combined with social unrest around American racism, present significant challenges for individuals with behavioral health issues. Our providers work in the communities that were hardest hit by the COVID pandemic. These communities saw the most deaths and illness because of the structural racism that pervades our state and country. Individuals in these communities largely live in housing that is more crowded, had jobs that required them to be in person, and did not have access to the financial resources and benefits that allowed wealthier New Yorkers to avoid some of the pandemic's risks. Behavioral health staff are from the same communities as our clients, and are struggling under the dual weight of COVID and racism as well.

These two pandemics have led to new difficulties and struggles for our clients. At the same time, the State is failing to support the critical work of the behavioral health providers who serve them and is instead threatening devastating funding cuts.

Our members have reported that the pandemic and racism is exacerbating clients' existing mental health conditions and leading to relapses in substance use, often after decades of sobriety. Providers are seeing increases in anxiety and depression, among clients who did not previously have these diagnoses; however, the isolation of the pandemic, the financial stress from unemployment, and the fear of a deadly threat that cannot be seen are resulting in new cases.

Fortunately, many of individuals are reaching out for help and treatment. In a survey we conducted, over three-quarters of our providers reported seeing an increase in demand for their services. The increase in demand was the greatest for clients who were already known to the agency, showing the importance of the behavioral health sector in helping individuals engage in care, and being at the ready for our clients when they are experiencing worsening or new symptoms.

We greatly appreciate the speed with which the State, particularly the Office of Mental Health and the Office of Addiction Services and Support, provided substantial regulatory flexibility that allowed providers to maintain services to these individuals when in-person services ceased to be a safe option. This flexibility allowed providers to innovate quickly and meet this challenge. Providers purchased phones with data plans for clients, used peer and outreach staff to teach clients how to engage in telehealth, and worked with clients over the phone to support those without internet access or technological literacy. Much of this resulted in significant increased equipment costs for providers, leaving them out thousands of dollars that has not been reimbursed.

Providers also implemented new safety protocols at in-person programs with incredible speed to keep clients and staff safe. Many of our providers operate supportive housing and other residential programs that cannot close. These providers worked incredibly hard to start new sanitizing protocols and distribute PPE. Despite their heroic efforts, many of our providers lost both staff and clients. The individuals with serious mental illness who live in these residences are likely to have significant co-occurring physical health issues, and their life expectancy is twenty-five years shorter than the general population. These individuals are at a high-risk of developing severe cases of COVID. Shortages of PPE at the height of the pandemic, when behavioral health organizations were often inexplicably excluded from distributions for healthcare providers, did not help to protect clients and staff. As the virus has abated in New York, providers have been able to increase their stock of PPE and have changed their physical spaces to make them safer. Providers have invested in telehealth services, and developed new resources to provide the best care via telehealth. At The Coalition, we have trained hundreds of behavioral health staff on best practices and techniques for telehealth, from welcoming clients into a virtual waiting room to conducting group therapy via video.

Unfortunately, providers will not be able to continue offering all of these services in the face of twenty percent cuts to state aid funding. Providers tell us that they have stopped filling staffing vacancies, are unsure of how they will continue to pay rent for clients in supportive housing, and that, if these cuts are permanent, they will need to close some programs and reduce the number of individuals served in others. These cuts could not come at a worse time for New Yorkers. Data from the CDC shows that over one-third of New Yorkers experienced depression or anxiety from April through July. And this may be just the tip of the iceberg: studies done after the Great Recession found that for every one percentage point increase in the unemployment rate, there is a 1.6% increase in the suicide rate and a 3.6% increase in the opioid overdose rate. These deaths are preventable, if these New Yorkers have access to support and treatment, instead of funding cuts that will leave them alone when they are most vulnerable.

We strongly encourage the Legislature to explore other options to close New York's budget gap. If these cuts go forward, they will fall disproportionately on the communities that have been hit the hardest by both COVID and racism. At a time when the focus must be on dismantling racist structures, these cuts will instead amplify them. These cuts would reduce services to children, who are see their whole worlds upended, with school through a screen, deaths and sickness in the family, and isolation from their friends. Many children have lost access to in-school services,

making community-based care particularly crucial at this time. These cuts will also harm behavioral health staff, who are overwhelmingly women and minorities and from the same communities as our clients. These essential workers showed up for New York in the height of the pandemic; their thank you should not be a pink slip.

These cuts do not need to happen. Every New Yorker should share in the burden of helping our state through this crisis. The State should consider revenue raisers instead of cuts to close the budget gap. We do not need to accept catastrophic cuts to behavioral health services when demand is rising. We can and must find other solutions, and we believe that revenue raisers should be part of the discussion to close the budget gap.

Beyond the budget gap, there are several other measures the Legislature can take action on to benefit behavioral health providers and the clients we serve. COVID has brought many changes to our agencies, particularly through the widespread adoption of telehealth. A focus on these issues will ensure their success going forward. The Legislature has already acted to ensure that telephonic service would be covered going forward, which we deeply appreciate.

We are pleased to see bills that would ensure telehealth services are reimbursed at the same rate as telephonic services, and we hope these bills move forward quickly. We also encourage the Legislature to make sure that peers are included in telehealth. Peer services are a critical part of treatment and recovery, and individuals should have access to these services in the same way they have access to a social worker or psychiatrist.

The flexibility to provide care in the best modality for the client should not be constrained by inadequate reimbursement to providers, or lack of coverage for certain provider types. We have seen show rates of over 90% for telehealth, a substantial increase. While some of these clients will return to in-person services when it is safe to do so, many prefer telehealth. By eliminating transportation, the need to secure childcare, and the need for time off from work for travel, telehealth reduces the barriers to accessing care.

Thank you for the opportunity to testify today.