Senate and Assembly Mental Health Committee Joint Hearing on Mental Health Crisis Services

Good morning, and thank you for the opportunity to testify today. I'm Nadia Chait, the Director of Policy & Advocacy at the Coalition for Behavioral Health. The Coalition represents over 100 community-based behavioral health providers, who provide the full array of outpatient mental health and substance use services to over 600,000 New Yorkers annually.

Our current emergency response system typically fails to provide a mental health response for a person facing a mental health emergency. Too often, these calls end in tragedy, with the person who needed help killed or injured by those who responded. Even in the best case scenario, individuals are often transported to a hospital that doesn't provide the appropriate care for them.

Our member agencies have long been frustrated by the lack of adequate options for crisis care for their clients. Our members have worked proactively with local precincts and departments to develop relationships with police, and to educate police about the mental health services they provide. Then, when members do need to call 911, they are often able to work with police to help an individual who is in crisis. But this does not always work, and it does not help individuals who are not at a mental health program when they are in crisis.

Many of our members have been active, therefore, in building alternatives to 911 on the ground. Several of our members operate mobile crisis teams. With these services, the members are able to serve individuals in the home or in the community, often avoiding the need for hospitalization or the emergency room. When an individual does need that high level of care, the mobile crisis team is able to advocate on behalf of the individual at the hospital. Mobile crisis teams are also able to provide warm hand-offs to the appropriate level of community-based care, ensuring that individuals are connected to longer-term care. Children's mobile crisis teams are able to respond to schools, ensuring that a child in crisis is not met with a police response.

Several of our members also operate 24/7 crisis hotlines for their clients, often with funding the CCBHC (Certified Community Behavioral Health Clinic) program. With these lines, a client in crisis has a number to call that is staffed around the clock with trained mental health professionals, who can de-escalate situations over the phone and who can follow-up to ensure the individual received access to the appropriate services.

However, the current crisis hotlines and mobile crisis teams are too limited. They are not available statewide, or to all members of the public. In communities where these services are

available, they are often not funded at a level that enables them to handle all referrals, or to respond quickly in a crisis.

Fortunately, we are now at a moment where we have a true opportunity to create a mental health crisis response that will ensure individuals experiencing a mental health or substance use emergency are met with the support to handle that emergency. On July 16, 2022, 988 will become active nationally. Senator Brouk and Assembly Member Gunther are leading work in the Legislature to ensure this implementation is successful, with S6194/A7177. We support this legislation, which lays out an important framework for how to change our mental health crisis system.

This bill, which would designate 988 as a statewide mental health crisis hotline, will ensure that every New Yorker has access to mental health crisis services, including an on-the-ground response by mental health professionals through mobile crisis teams. This would represent a substantial change and real improvement in how we address mental health crisis. We also strongly support the discussion in the bill of the need for crisis stabilization services. Many individuals in crisis do not need inpatient hospitalization or an emergency department visit; many crises, in fact, can be resolved directly via the hotline or in the individual's home. For those who do need to be outside of the home, crisis stabilization is often the appropriate response. This service provides a comforting, homelike environment with the support of peers and mental health professionals who are able to help stabilize an individual and then provide connection to care in the community.

This is the right approach to mental health crisis. It will provide the services that individuals need, and it centers the role of community-based mental health providers as the appropriate individuals to lead a crisis response. Our members already operate mobile crisis teams. While crisis stabilization centers are newly licensed, our members have provided similar services, including respite and drop-in offerings, for years. Community-based providers are embedded within the communities they serve and ensure that individuals receive culturally and linguistically competent care. Wherever possible, our members serve individuals with clinicians who speak their language, not through translation. Our staff is largely hired from the communities we serve, ensuring cultural competence and a diverse workforce able to meet the needs of a diverse state.

We would recommend two small changes to the proposed legislation to increase its impact. First, we would encourage the inclusion of Licensed Mental Health Counselors (LMHCs) in the definition of mental health professional. LMHCs are second only to social workers in their size in our workforce, and should be included to ensure hiring flexibility and the ability to staff programs. Second, we would add Certified Peer Recovery Advocates to the definition of peers, to ensure the inclusion of both OMH and OASAS peers in the new crisis system.

As we look to create this new system, we must ensure that providers are appropriately compensated for their work. For decades, mental health and substance use have been underfunded, leading to a current reality where most New Yorkers in need of this care are not able to access it. This, of course, contributes to the volume of crisis calls, as individuals who

should have received care earlier did not. The behavioral health workforce is in crisis, with providers experiencing twenty percent vacancy in positions. A robust crisis response system is clearly necessary. But we will not succeed in building it without significant investments in mental health to pay providers and the mental health workforce sufficiently.

As new programs are created, rates must be set that cover the true cost of providing care. For a crisis system, this will require new methods. Our system, at present, is based on the presumption that individuals will be providing care that can be billed to insurance (Medicaid or commercial) the majority of the time. Even with this, providers often operate in the red. To have rapid mobile crisis response will require some degree of slack and availability. Additionally, not all crisis services will be billable to insurance. Many individuals may not be willing to provide their insurance information in the middle of a crisis. And of course, these services should be available to all New Yorkers, regardless of insurance status or network, just as other emergency services are. All payors must take into account the complexity of this situation, and ensure robust funding for a successful mental health crisis system.

We look forward to working with you to ensure a successful crisis mental health response in New York State.