



City Council Committee on Health and Committee on Mental Health, Addictions and Developmental Disabilities

Joint Preliminary Budget Hearing

March 15, 2021

Chair Levine, Chair Louis and distinguished members of the City Council, thank you for the opportunity to testify today. I'm Nadia Chair, the 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 majority of individuals our members serve have Medicaid, and our members also serve uninsured and underinsured New Yorkers. Our members are key parts of the communities they serve, working not only to advance the behavioral health but to increase the overall wellbeing of New Yorkers.

The past year has been filled with grief, tragedy, and loss for New Yorkers. Our members have lost staff and clients, and have seen their communities devastated as health disparities and racism rose to the surface. Individuals with schizophrenia are three times more likely to die from COVID, putting them at grave risk.

While facing significant challenges themselves, our members stepped up to serve New Yorkers. Agencies worked rapidly to transition services to telehealth. Knowing that the populations they serve are on the wrong side of the digital divide, this was not as easy as simply adding some new zoom licenses. Agencies purchased new devices for staff and for clients. They worked with clients to set them up for internet subsidies, where available. For older adults and others with limited tech literacy, agencies provided services via telephone and taught these clients how to use audio-video technology. At the Coalition, our training department created new programming to teach the workforce on the best practices for telehealth, and ensure a successful transition to this new modality.

Many services never transitioned to telehealth, because in-person service was essential. Supportive housing, outreach, mobile crisis, and injectable medications are just some of the programs that continued to operate in-person. Agencies spent hundreds of thousands of dollars on PPE, new ventilation, dividers, and other new safety supplies.

The work of our members was and is essential. New Yorkers are experiencing a massive mental health and substance use crisis. Even before the pandemic, we had ongoing overdose and suicide epidemics. These have grown worse, and new problems have emerged. At all ages, the isolation

of the pandemic has harmed mental health: rates of anxiety and depression are three times higher than pre-pandemic. New Yorkers of color have higher rates of poor mental health, with over 40% of Hispanic New Yorkers and 39% of Black New Yorkers reporting symptoms of anxiety or depression.

Every six hours, someone dies of an overdose in NYC, a number that is going up. In the first quarter of 2020, NYC had 96 additional overdose deaths, compared to the same period in 2019. Our providers report to us that they are reversing more overdoses than before, and that clients who had been stable for years and decades have returned to substance use.

Over one-third of parents in NYC reported that their child's emotional and behavioral health was negatively impacted by the pandemic. Our members report that they are seeing more children referred who need a higher level of treatment, and more who have been hospitalized. One member tells us "stuck at home, already vulnerable youth have experienced even greater mental distress, and it will take some time before they regain their pre-COVID level of functioning."

The City must act now to provide help to New Yorkers who are struggling by ensuring full and robust funding for behavioral health. Funding for the City Council Mental Health Initiatives must be restored to FY20 levels and increased to meet the need. The City must fully fund the indirect cost rate initiative, after failing to keep its promise and costing providers who had spent time and money to meet the city's deadlines. The City should invest in crisis services and children's mental health to meet the need at this moment.

City Council Mental Health Initiatives

Last year, the Council Mental Health Initiatives were cut by 15% and one initiative was completely eliminated. As a result of these cuts, 40% of providers served fewer people. 20% had to lay off staff, while 30% cut staff hours and 13% cut staff salaries. At the same time that their salaries and hours were being reduced, these staff were taking vital actions to help their communities.

The *Geriatric Mental Health Initiative* funding supports services to older adults in non-clinical settings. One provider uses these funds to serve homebound older adults and said the additional levels of isolation and lack of services available during this period led to increasing rates of depression, anxiety, and substance use. In addition, many older adults do not have access to the necessary technology/information to participate in telehealth services, leaving them even more vulnerable. Agencies worked with these adults not only on their mental health, but also connected individuals to food services and served as a connection to the outside world. Funding in this initiative was already inadequate to meet the need before the pandemic; with increases in demand now, it is vital that funding be increased to help older adults at this critical moment.

The *Mental Health Services for Vulnerable Populations* funding enables members to provide a range of supports to address the mental health needs of vulnerable and marginalized populations. One provider uses this funding to help individuals in supportive housing in the Bronx. Over the past year, they linked clients to primary care physicians, participated in family re-unification sessions, provided support and case management services to clients upon release from jail and prison, and worked with hospitals on discharge planning for hospitalized clients. In addition to

these services, they worked to help clients through the worst of the pandemic, following up with clients to make sure they had an adequate supply of food and visiting client's apartments to provide assistance with landlord-tenant issues. When clients have experienced psychiatric symptoms, they visited the individual to ameliorate their symptoms.

Many individuals with a serious mental illness experienced COVID as a profoundly destabilizing event, and have required a higher level of service this year. Additionally, clients who were already vulnerable have experienced death and unemployment, and required additional supports. To help these New Yorkers, it is critical that funding be increased, so that providers can continue to provide the appropriate level of service and can reach more New Yorkers in need.

The opioid epidemic continues to rage in New York, making the *Opioid Prevention and Treatment Initiative* critical funding to save lives. Instead of making progress against opioid overdose, deaths in NYC keep rising. There were 1,463 overdose deaths in 2019, an increase of 11 from 2018 and over 500 more deaths than in 2015. If NYC had the same number of overdose deaths over the last 10 years that it did in 2010, over 5,300 New Yorkers would be alive today who instead died of an overdose. Overdose deaths are preventable, and City Council funding provides an opportunity to turn the tide on this epidemic and save lives.

These funds enable providers to conduct localized prevention and treatment efforts. This includes distributing naloxone, an overdose reversal drug, providing syringes and safer injection supplies, and helping to connect individuals to treatment. Much of this work cannot be done remotely or via telehealth, but this did not stop providers. Staff continued to show up for clients and work to help them. These New Yorkers experienced two epidemics in 2020: COVID and overdose. We have vaccines for COVID, but there is no vaccine for overdose. Instead, we must invest in the services that work to save lives. The Council should increase funding for this initiative to combat the worsening opioid overdose epidemic.

The *Children Under 5 Initiative* provides critical supports to children who have experienced trauma and their caregivers. These services were even more important this year, as children experienced additional traumas due to the pandemic. For one funded provider, their staff spent the initial months of the pandemic working to stabilize caregivers through job loss and new stressors, including the fear of what would happen to their child if the caregiver contracted COVID. Uninsured clients faced scams related to COVID testing. The agency not only provided mental health services, but also ensured basic needs, including food, were met for the families they serve. They provided families with needed materials to support telehealth therapy sessions, including books and play-doh. As America engaged in an overdue racial reckoning, families of color were supported and provided resources for how to discuss racism with their children and to help the caregivers process the racism they had experienced.

As caregivers are starting to return to work, many children are now struggling with the separation and experiencing anxiety. This highlights the critical importance of increasing funding for this initiative. As caregivers return to work, and children return to daycare, preschool and school, there will be significant challenges and the need for support. Stuck at home, already vulnerable youth have experienced even greater mental distress, and it will take some time before they regain their pre-COVID level of functioning.

The Coalition for Behavioral Health Training

At the Coalition, we receive funding under two Council initiatives (Mental Health Services for Vulnerable Populations and Court-Involved Youth) to provide critical trainings to the workforce. Due to the 15% cut in Council funding, we had to reduce the number of trainings under both initiatives, limiting the topics that we were able to train the workforce on.

The Coalition served as a key resource to frontline behavioral health workers during the pandemic. We quickly transitioned our trainings to be virtual. Trainings were modified to include best practices on delivering telehealth and other relevant topics to help the workforce through the massive shift of services to telehealth.

The transition to virtual increased access to our trainings – for in-person trainings, we had been limited to 20-30 participants per training. We were able to increase the number of participants per training (while keeping numbers low enough to be interactive). As such, we trained 900 individuals through the Mental Health Services for Vulnerable Populations funding, and we trained over 1,000 individuals through the Court-Involved Youth funding. A return to full funding will allow us to provide the full array of topics necessary to ensure a well-trained workforce that provides quality care to New Yorkers.

Maintain Full Funding for Programs Under ThriveNYC

The programs currently funded under Thrive provide essential services to our most vulnerable residents. Any cuts to this funding would threaten services at a time when many programs have waitlists or are unable to meet demand.

Forensic ACT (FACT) Teams serve individuals with mental health needs and histories of incarceration. This program model allows for significantly more staff than a standard ACT team, allowing agencies to include peers (individuals with lived experience with mental illness), a housing specialist, and a criminal justice liaison. This model gives staff more time to spend with clients, who have intensive needs. Staff are also able to engage in more trainings to really develop their skills for these clients. The criminal justice liaison will attend court appearances and can coordinate with a client's defense attorney, a very important service that is not available in a traditional ACT program.

Intensive Mobile Treatment (IMT) was designed to help individuals who routinely fall through the gaps between various systems. There is no time limit for IMT services, which provides agencies the time they need to connect with individuals who are often highly disconnected and disengaged, to build trust with program participants, and to connect participants to community-based services and supportive housing. As we look at what services are needed to help avoid some of the tragic instances that have happened in the subway in the last year, IMT is one clear service that should be expanded, not cut.

Mobile Crisis Teams are able to respond to mental health crises in one to two hours, and provide substantial services that reduce the need for hospitalization and connect the individual to the appropriate level of care going forward. Children's mobile crisis teams provide schools with the right option for students, so they do not have to send children to an emergency room for an

emotional crisis during the school day. Additionally, mobile crisis teams are able to fill gaps created by waitlists for other services, by continuing to provide services until the child is stable and connected to resources.

These and other Thrive programs, including Mental health services in shelters, schools, and runaway and homeless youth residences, provide critical access to mental health services to New Yorkers who otherwise would be left without care.

Fully Fund the Indirect Cost Rate Initiative for FY20, FY21 and FY22

The City made a promise to nonprofit providers that their true indirect costs would be funded. After providers invested time and money to comply with the City's certification requirements, the City is now renegeing on its promise to pay these costs. The City must commit to fully funding the indirect cost rate initiative.

Provide a Behavioral Health Response to New Yorkers in Crisis

New Yorkers experiencing a crisis need a behavioral health team response comprised of clinicians or peers and EMTs. These individuals must be trained in both mental health and substance use crises. 911 dispatchers must receive significant training to ensure that these teams are dispatched appropriately. The City should also work with the State on 988 implementation and integrate these teams into 988. The teams also must engage with community-based providers, so that individuals in crisis are connected to the appropriate level of ongoing care. Investments in care will be required, particularly for respite centers so individuals who do not need hospitalization have a place to go to receive care. Although these centers require an upfront investment, research on the Crisis Respite Centers in NYC found the centers led to \$2,100 in monthly Medicaid savings and reduced hospitalizations.

Expand On-Site Behavioral Health Services in Schools

Children are experiencing a range of mental health and substance use challenges as a result of the pandemic. Over 4,200 children in NYS have lost a parent to COVID-19. Children are experiencing parental unemployment, social isolation, and virtual school, destabilizing their lives. The City should build on programs like Mental Health Services for High-Need Schools to have community-based providers operate satellite clinics in the school. This model allows providers to bill Medicaid, so only limited city funding is necessary. By working with community-based providers, children and their families are connected to the full array of behavioral health care, providing access to all levels care.