



Mental Hygiene Joint Legislative Hearing on 2021 Executive Budget Proposal  
February 5, 2021

Good morning, I'm Amy Dorin, President & CEO of 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.

The COVID-19 pandemic, combined with social unrest around American racism, has deepened our mental health and substance use crisis. 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.

Overdose deaths, after starting to decline in 2018, have been rising throughout the pandemic. The CDC reported the highest overdose number ever recorded for a period that included the start of the pandemic. NYC had 96 additional overdose deaths in the first quarter of 2020, compared to 2019. Erie County had 262 overdose deaths in 2020, an increase of 106 deaths compared to 2019.

Symptoms of depression and anxiety are skyrocketing, with depression four times more common and anxiety three times more common. Over one-third of parents in NYC reported that their child's emotional and behavioral health was negatively impacted by the pandemic. Our members regularly report to us that many clients who had been stable for years are experiencing worsening mental health and substance use issues as a result of the pandemic. The social isolation and the loss of informal supports have had a detrimental impact on individuals with mental health and substance use disorders. Additionally, individuals with serious mental illness are at a greater risk of death from COVID. A recent study from NYU found that individuals with schizophrenia are three times more likely to die from COVID, highlighting the vulnerability of those we serve.

COVID-19 also poses an unprecedented financial threat to community-based behavioral health providers. A survey we conducted with several other behavioral health coalitions found that one-quarter of programs have one month or less of cash on hand. Programs have lost over

\$450,000 in revenue and spent over \$270,000 on COVID expenses, on average. Despite these financial challenges, providers are working endlessly to meet the need in our communities. They have invested in telehealth to serve individuals safely at this time, while also modifying physical spaces to serve clients who need in-person services. At the Coalition, we have supported providers through these changes by providing trainings on telehealth best practices, including welcoming clients into a virtual waiting room and conducting group therapy via video. We recently launched a Grief and Resiliency Collaborative, in partnership with OMH, to support the workforce at this incredibly challenging time.

To meet the needs of New Yorkers at this moment of immense trauma and grief, we must maintain full funding for behavioral health. While we recognize the fiscal challenges of the state, the Legislature should look to raise revenue before implementing any cuts to these essential programs.

### **Maintain Full Funding for Behavioral Health**

The five percent withholds on local aid funding should be immediately ended. These cuts will further devastate already struggling organizations and communities, and threaten critical services including ACT teams and peer & family support. Additionally, we are very troubled by the proposal to suspend community reinvestment for one year, when two hundred beds are slated for closure, which will result in a \$22 million savings. It is critical that the closure of inpatient psychiatric beds is followed with a reinvestment of savings into the community-based system. Community services are essential to keeping individuals from needing to be hospitalized. We urge the Legislature to oppose the language to “freeze” the Community Reinvestment Act.

### **Telehealth Reforms**

Prior to the pandemic, very few of our members regularly used telehealth. However, after quickly transitioning most services to telehealth, providers have found this to be a very effective treatment modality. Providers report that for some clients, telehealth is actually resulting in better outcomes than in-person care. Telehealth allows providers to eliminate many previous barriers to care, including transportation, additional time off from work, and the need to find childcare. Providers are able to continue regular appointments with clients who travel throughout New York State, including college students and other individuals who live in multiple places. While many clients will transition back to receiving some or all services in-person, it is clear that telehealth will be valuable for the long-term.

We support the FY22 executive proposals to maximize the transition to telehealth, including the telephonic delivery of care and allowing individuals to receive care where they are located. However, the proposal falls short in two key ways. Telehealth must be covered at the same rate as in-person services, however rates are not mentioned in the budget. Telehealth requires an upfront investment along with ongoing costs, and it will not succeed if rates are cut. Additionally, all peers who are eligible to be reimbursed for in-person services must be eligible for telehealth reimbursement. Peers are a proven part of treatment and recovery and should not be treated different from other professionals.

### **Opioid Settlement Funds**

This year, the Legislature has the opportunity to truly invest in behavioral health and ensure ongoing, critical support to help individuals with mental health and substance use disorders. The State is likely to see a significant sum from the opioid settlement during FY22. All opioid settlement funds must be dedicated directly to treatment, prevention and recovery from substance

use disorders and co-occurring mental health conditions. These funds should not enter the general fund, and should be overseen in a manner such as that of A2466.

### **Dedicate Marijuana Revenue to Behavioral Health**

The Creation of an Adult-use Cannabis Program should include substantial revenue dedicated to education, prevention, intervention, treatment, and harm reduction programs. This set-aside, as described in A1248/S854, should be equal to 25% of the revenue from the adult use program and should be in a fund that is separate from the general fund.

### **Modernize the Scope of Practice for Licensed Mental Health Practitioners**

There are critical workforce shortages in behavioral health across New York, which impede access to care and increase costs for community-based providers. For decades, this shortage has been eased by an exemption to the scope of practice for certain practitioners licensed under Article 163 of the Education Law. The exemption is due to sunset permanently in June 2021. We urge the Legislature to enact provisions to address the licensing discrepancy by modernizing the scope of practice and standardizing master's degree level education, clinical training and licensing standards for licensed mental health counselors, marriage and family therapists, and psychoanalysts. These professionals take significant coursework on diagnosis, and worked in licensed clinical settings with supervision for two to three thousand hours before they can be licensed. These professionals have been diagnosing mental illness in NYS since 2002 without incident. When the exemption expires, these professionals will no longer be permitted to diagnose patients. Modernizing the law is the clear solution, and we urge the Legislature to do so before the exemption expires.

### **Supportive Housing**

We support the proposal to retain \$20 million to enhance rates for existing mental health housing that is in this year's Executive Budget. We also support the continued investment in the Empire State Supportive Housing Initiative.

### **Children's Mental Health**

We recommend extending Child and Family Treatment Support Services (CFTSS) to the Child Health Plus program (S2539/A303 and S2538/A343). 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. Extending CFTSS to the Child Health Plus program will ensure more children have access to this valuable service.

### **Health Home Care Management**

The current rate structure for adult and children Health Home Care Management should be extended beyond the current date of expiration (7/1/2021) through June 30, 2023. Any potential destabilization of rates seriously jeopardizes the move toward increased specialization of care and in particular the proposed improvements to serving individuals with the most serious mental health needs. The pandemic continues to wreak havoc on high need high risk populations such as those served by Health Homes, which brings more uncertainty and challenges to care management.

### **OMH/OASAS Merger**

We support the creation of a new, unified mental health and substance use agency, the Office of Addiction and Mental Health Services, provided that this agency has an equal role to the

Department of Health, has oversight of managed care, and has authority in Medicaid expenditures, reimbursements, and administration. The new agency should focus on decreasing barriers to providers and clients. This includes eliminating burdensome regulations, reducing regulatory discrepancies between OMH and OASAS programs, and increasing the integration of mental health and substance use care. If there are any savings from the creation of the new agency, these must be reinvested into community-based programs.

### **Integration of Mental Health, Substance Use & Primary Care**

We support the proposal to create one license under which mental health, substance use and primary care are integrated. There are several regulatory barriers that have impeded the development of integrated care, creating barriers for clients that provide no benefit to the State. Previous initiatives to create integration have failed due to overly burdensome regulations and physical plant requirements. We encourage the Legislature to ensure that the regulations developed for this new program will result in a true integrated license.

### **Ensure access to MAT under Medicaid**

The Coalition supports A.2030 (Rosenthal)/S.649(Harckham), which prohibits prior authorization for all FDA approved MAT medications. The Governor recently signed legislation removing these barriers under commercial insurance. Medicaid recipients deserve the same access. The Coalition supports inclusion of this bill language in the final budget.

### **Increase access to Naloxone**

The Coalition supports A.336 (Braunstein)/S.2966 (Harckham), which requires the co-prescribing of naloxone with opioid prescriptions for people who are at a high risk of overdose. This includes people who have a history of a SUD, are receiving a high dosage of opioids, or who are concurrently prescribed benzodiazepine or non-benzodiazepine sedative hypnotics. The Coalition supports inclusion of this bill language in the final budget.

Thank you for the opportunity to testify today. We look forward to working with the Legislature to ensure robust mental health and substance use care is available for all New Yorkers.