



City Council Committee on Mental Health, Addictions and Developmental Disabilities
Oversight Hearing: Increased Drug Overdose, Depression and Anxiety During COVID-19
September 22, 2020

Chair Ayala and distinguished members of the City Council, 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 racism and social inequity, 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.

For individuals with substance use disorder, COVID is the second epidemic they face. The drug overdose epidemic did not end when COVID started spreading. COVID and the racial reckoning have led to new difficulties and struggles for clients with substance use issues. The same communities that were hardest hit by COVID have seen higher rates of drug overdoses and deaths than the rest of the city.

Our members have reported that the pandemic, racism and social inequity 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. Our providers report that, anecdotally, they are seeing increases in nonfatal overdoses.

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.

Providers were able to innovate quickly at the start of the pandemic and began providing services via telehealth. Clients have remained engaged in services, and in many cases, show rates actually increased. 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, the precarious nature of city and state finances leave many of these services vulnerable. The State is threatening twenty percent cuts to mental health and substance use programs funded through state aid, which would be a catastrophe for New Yorkers. Cuts of this size will lead to program closures, reductions in the number of people served in programs that stay open, and staff layoffs.

We cannot cut behavioral health services at this time. 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.

The City must step up and ensure that services for all New Yorkers who need them. In particular, the City must maintain its commitment to services that fill gaps and help those with the most serious mental illness and substance use issues. This includes maintaining and expanding mobile crisis teams, Intensive Mobile Treatment and Forensic Assertive Community Treatment. We encourage the City to work with community-based providers to ensure that school-based behavioral health services continue, even when children are not physically in the school building.

None of these services can succeed without appropriate financial support. The City is often an inadequate partner to its contracted nonprofit providers, shown particularly by recent cuts to the indirect cost rate initiative. This was a critical initiative that finally provided appropriate funding on contracts that had been underfunded for years, to cover the true costs of this work. Nonprofits should not be forced to accept contracts that do not cover their fully costs.

The Coalition supports efforts to increase our knowledge about the mental health impacts of COVID-19, and we thank Council Member Louis for her attention to this issue. We are concerned, however, that the bill as written would result in surveys or other burdens on community-based providers, who are already stretched very thin from the burdens of COVID-19. Several data sources already exist to obtain this information, including Medicaid claims data, the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES), and surveys conducted by various regulatory agencies including the State Office of Mental Health. We would also note that the impact of COVID-19 has caused not only new diagnoses but has also resulted in an exacerbation of existing mental illness among many of the individuals we serve.

The mental health and substance use impacts of COVID-19 are just starting to be clear. These impacts will continue even after the physical threat of the virus has concluded. Trauma does not disappear with a vaccine. There is no public health without behavioral health. We thank the Committee for your attention to this important issue, and look forward to continuing to work with you.