



***The New York State Conference of Local Mental Hygiene Directors, Inc.***

***Joint Legislative Budget Hearing on Mental Hygiene  
SFY 2021-2022 Executive Budget Proposal***

***February 5, 2021***

***Testimony Presented By:***

***Kelly A. Hansen,  
Executive Director***

Chairwoman Krueger, Chairwoman Weinstein, Senator Brouk, Assembly member Gunther, Senator Harckham, Assembly member Steck, Senator Mannion and other distinguished Committee Members, thank you for this opportunity to testify before you regarding the SFY 2021-22 Executive Budget.

My name is Kelly Hansen and I am the Executive Director of the New York State Conference of Local Mental Hygiene Directors (the Conference).

The Conference represents the Directors of Community Services (DCSs)/County Commissioners of Mental Health) for each of the counties in the State, also referred to as the Local Governmental Unit (LGU). The DCSs are county officials and have specific responsibilities and authority under the Local Services provisions of Article 41 of the Mental Hygiene Law (MHL) for planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, substance use disorder, and developmental disabilities.

The LGUs/DCSs role in the community is critical and unique. As government partners, the DCSs work collaboratively with State Agency (OMH, OASAS, OPWDD) officials and all department levels within the county. This role provides the County Mental Health Commissioners with a drone's-eye view of the mental health, substance use disorder and developmental disabilities services systems, and linkages to all facets of the related services in the county. The people we serve never need just one service. Their needs are complex and extend beyond the scope of behavioral health care and into other distinct areas, such as housing, public benefits, the criminal justice system and the county jail.

**My testimony outlines the Conference's State Budget priorities for SFY 2020-21:**

State Appropriations:

- Reimburse 20% State Aid Withholds from SFY 2020-21 to LGUs and reject budget proposal to implement a permanent 5% cut to local assistance programs;
- Restore State Aid Funding to the LGUs to sustain jail-based substance use disorder (SUD) and Medication Assistant Treatment (MAT) programs in county correctional facilities (outside of NYC); and
- Restore \$1.5 million for the Regional Planning Consortium (RPC).

## Article VII Proposals:

- Request for technical language change on Notwithstanding Language included under Community Reinvestment for State Facility Closures;
- Support Comprehensive Crisis Stabilization Reform;
- Support the Creation of the Office of Addiction and Mental Health Services;
- Support Comprehensive Regulatory Telehealth Reform; and
- Include LGU Advisory Role For Cannabis Legalization.

### **Impact of State Aid Withholds to Community Services**

The County Mental Health Commissioners are seeing first-hand the devastating toll that COVID-19 is having on the mental health of New Yorker's. We thank you for always making yourself and your staff accessible to us as we all continue to navigate through these trying times.

While we recognize the State's extensive financial constraints as a result of this crisis, it is imperative that we, as government partners, work to sustain adequate funding for essential behavioral health treatment and support services throughout the State.

The 20% withhold of OMH, OASAS and OPWDD State Aid funding to the Local Governmental Units (LGUs) and the community programs it funds, has intensified the pressure on sustaining critical services. These reductions, if become permanent, would all but eliminate the ability of the treatment system to maintain existing capacity and address the growing needs in our communities due to COVID-19.

While we acknowledge and thank the Executive for the restoration of State Aid for OMH Supported Housing last year, we urge the Legislature to offset the recent State Aid withholdings from OMH, OASAS and OPWDD and restore 100% of this funding, as well as reject any proposal for permanent cuts going forward.

Across the State, the LGUs have reported increases in calls to crisis phone lines, deaths by overdose, homelessness, and long waiting lists for mental health and addiction treatment housing. Nationally, reports are indicating at least a 12% increase in alcohol and substance use among adults since March, and social isolation has become a major risk factor in increased substance use among children and teens.

According to a report issued by the American Medical Association (AMA), as the COVID-19 pandemic continues so does the nation's opioid epidemic. More than 40 states have reported increases in opioid-related mortality, as well as ongoing concerns that local governments must increase capacity and services while facing staggering budget deficits. The need for states to increase access to addiction services is needed now more than ever.

In Western NY, three counties in particular Erie, Niagara and Chautauqua have reported significant increases in overdoses during the pandemic. Erie County which has received national recognition for its handling of the opioid epidemic, is now seeing its first increase in opioid related deaths in years.

The Kaiser Family Foundation (KFF) has also issued a report indicating the need for mental health and addiction services has undoubtedly increased. Factors such as social isolation, job loss and income insecurity, burnout and strain of front-line workers have had a significant impact on the increased numbers of individuals and families seeking treatment. The data collected shows the following:

- Forty-seven percent (47%) of individuals sheltering in-place reported negative mental health effects resulting from worry or stress related to coronavirus;
- Fifty-four percent (54%) of individuals with income insecurity or job loss, reported negative mental health impacts, with a staggering twenty-six percent (26%) of those individuals reporting major negative impact on their mental health.

The LGUs remain laser focused on facilitating the effective oversight and authority for planning and delivery of these vital services during this crisis. The Annual Local Services Plan (LSP), developed by every county LGU establishes the local priorities, needs and outcomes for the coming year. Every county submits the LSP which is then, approved and “certified” by the state agencies, which drives the State Aid received by each county.

Consequently, all State Aid is linked to data informed and community driven needs identified by each county. Any additional or ongoing cuts to behavioral health care funding will severely impact these priorities and essential providers that have suffered years of funding decreases, persistent staff shortages, rising operational costs, and now an ever increasing demand for mental health and substance use disorder services. The LGUs are looking to the State for continued partnership and financial assistance to sustain the current system and meet the growing need of behavioral health care due to COVID-19 and the anticipated long- term mental health impact of the pandemic and corresponding stressors.

### **The Need for Continued State Aid Funding to the LGUs to sustain Jail-Based SUD Treatment and Transition Services Programs**

In 2018, the Conference issued a white paper demonstrating the need for state aid funding to provide substance use disorder treatment and transition services in county jails.

Incarceration provides a unique opportunity to offer treatment and supports during periods when people are experiencing abstinence and may be more receptive to begin treatment. It is a critical time to engage an individual in choosing a lifestyle of abstinence and recovery.

Over the past several budget cycles, the State has committed to provide \$3.75 million in State Aid funding to the LGUs to develop and sustain jail-based SUD treatment programs and transition services in fifty (50) county jails. These services include, peer support, CASAC services, group and individual therapy, relapse prevention, Medication Assisted Treatment (MAT) and re-entry planning. An additional \$1 million was also included through a legislative addition to support the cost of the medications used to provide MAT in 24 jails, with 16 jails receiving \$50,000 and 8 jails receiving \$25,000.

As part of the \$3.75 million for jail-based SUD programs, the majority of counties have received \$60K, which includes jails with large census. As you can imagine, this level of funding does not offer enough support in those counties to offer all clinical and MAT programming needed to all individuals positively screened for SUD, even after bail reform.

However, all funded counties have been successful in developing basic level programs or offer an expansion of certain SUD treatments and/or transitions services. There has been a substantial increase in treatment and transition services in all awarded counties. Counties that received higher levels of State Aid funding expanded services and expanded MAT programs using existing clinical protocols and support activities.

The LGUs have seen an impact on service delivery due to bail reform and the current COVID-19 pandemic. While lowered jail census in some counties have made it difficult to reach individuals who would have otherwise been offered treatment inside the jail, and the pandemic has impaired some providers' ability to enter the facility the LGUs still see a significant need for these services across the State. Therefore, we strongly urge you and your colleagues to support a full restoration of funding so that counties can continue to provide these critically needed treatments and transition services.

State Fiscal Year	Appropriation Request
2021-22	<b>Total appropriation request is \$4.75 million</b> Executive Budget Proposal \$1.875 million + new \$2.875 million (includes \$1 million legislative add for MAT)

### **Regional Planning Consortiums (RPCs)**

The Governor's budget proposal eliminates \$1.5 million in funding for the Regional Planning Consortiums which are Regional Boards comprised of over 700 behavioral healthcare stakeholder representatives of the adult and child serving behavioral health providers, peers, families, youth, state and local government, hospitals and the Managed Care Plans which have developed solutions to local and statewide issues that arise from the state's move to Medicaid Managed Care through the HARP and the Children's Behavioral Health Transition.

The RPCs were established in response to NYS transition of mental health and substance use disorder Medicaid services out of Fee-For-Service and into Medicaid Managed Care under the new HARP benefit package and also for Children's Services. Each RPC Board has a Children and Families Subcommittee. <http://www.clmhd.org/rpc/>

#### **The RPC Foundation:**

The work of the RPC is based on the premise that, through the RPC collaborative process, the RPC Boards represent all stakeholders - clients, families, providers, local government, Managed Care Plans, hospitals, and state government – to develop effective, lasting solutions to public problems that go beyond what any one sector could achieve on its own.

The members of the RPC Boards, Children and Families Committees and Regional staff are meeting these objectives. The outcome is improved access to care, among many other accomplishments. Given the continued transitions of the behavioral healthcare system, including the merger of the OMH and OASAS and proposals for integrated licensure and other initiatives, the work of the RPCs will continue to be critically important to ensure the stakeholder input and solutions are have a primary role in the implementation plan.

### **Article VII Proposals**

#### **Technical Language Change Needed for Notwithstanding Language under Reinvestment**

The Governor's budget proposal includes language to temporarily withhold community reinvestment funds for the next fiscal upon the closure of 200 vacant State Psychiatric Facility beds. The proposal includes a one year sunset on the withhold, with savings estimated at approximately \$22 million that would be re-directed to the General Fund. Community reinvestment is a critical to sustaining capacity and appropriate level of services upon the closure of State Psychiatric beds, and the counties significantly rely on this aid to sustain the mental health system of care.

The language also provides unilateral authority to OMH to withhold community reinvestment and "close, consolidate, reduce, transfer or otherwise redesign services of hospitals, other facilities

and programs operated” by OMH. Commissioner Sullivan has indicated the language is directly related to the conversion of Rockland’s Children’s Psychiatric Center to a new Comprehensive Children’s Center. However, as drafted the Conference recommended the state consider a 30-day amendment to the language to clearly provide the intent of the proposal. ***The Conference strongly supports an amendment to the language as drafted to clarify OMH’s intent.***

#### **Support Comprehensive Crisis Stabilization Reform**

The Governor’s budget proposal includes language to jointly license and establish these centers to serve as an emergency provider for persons with psychiatric and/or substance use disorders that are in need of crisis stabilization services. The proposed language requires the centers to participate in the local planning process and expands transport authority to first responders to certified crisis centers. ***The Conference supports this proposal and requests it be added as part of the final Enacted Budget.***

#### **Support the Creation of the Office of Addiction and Mental Health Services**

The Governor’s budget proposal includes an effective date of January 1, 2022. The Conference submitted comments to OMH and OASAS in the Fall of 2020 with recommendations for the effective and streamlined integration of these agencies with LGU consultation and collaboration at all levels of the implementation process to provide weigh-in on direct impact to providers and local governmental operations. Both agencies have indicated their support for LGU involvement throughout the development of consolidation which we strongly encourage. ***The Conference supports the Governor’s proposal to allow for the merger of OASAS and OMH and for the office to license programs to provide integrated services.***

#### **Support Comprehensive Regulatory Telehealth Reform**

Regulatory waivers issued during the COVID-19 pandemic have proven successful for the effective delivery of critical mental health and addiction services. County clinics report that clients have remained engaged in care and that the appointment “no-show” rate decreased significantly with the introduction of telehealth. Clearly, telehealth is an option that works for clients. Expansion must ensure that access to quality telehealth care is sustained and that all areas of the state have broadband access and other capabilities necessary to expand telehealth without added costs to consumers, providers or counties. ***The Conference supports the Governor’s proposal to expand access to telehealth services.***

#### **LGU Recommendations on Cannabis Legalization**

If Enacted, the Conference expects that legalization of marijuana for adult-use will significantly increase the need for community-based SUD prevention, treatment and recovery services as well as the need for specialized co-occurring SUD and mental health treatment. The Conference also

expects legalization will have both direct and indirect effects on adolescents and young people under the age of 21 due to increased exposure and access to marijuana products.

**Should New York State move forward with legislation to legalize adult use marijuana, the Conference strongly recommends the following statutory provisions be included as part of the final approved budget agreement:**

- *As part of the NYS Cannabis Revenue Fund - annual funding to the Local Governmental Units (LGUs) to support the cost of implementing expanded addiction prevention, treatment and recovery services for children and adults in all counties across the State;*
- *Requiring the LGU representation on any advisory groups or committees, as appropriate, to ensure the behavioral health needs of our local governments are appropriately considered - consistent with §5.06 of the Mental Hygiene Law (MHL) which created the Behavioral Services Health Advisory Council as follows: The Chair of the Conference of Local Mental Hygiene Directors or his or her designee.*

**Increased OMH Housing Rates - Bring It Home Campaign**

The Conference strongly supports the Bring It Home Campaign's efforts to include \$20 million for OMH supporting housing as part of the final SFY 2021-22 Enacted Executive Budget.

Thank you again for this opportunity to testify. I sincerely appreciate your consideration of these requests and look forward to working with you and your staff this budget cycle. I'll be happy to answer any questions you may have at this time.