



## MHANYS Legislative Issue Brief – 2010

### **Why Support a 2% Mental Health Funding Increase?**

#### *Reason 1: The Economic Crisis is Increasing the Need for a Mental Health Services*

One of the most unfortunate byproducts of this recession is the increasing need for mental health services. The statistics validate our perceptions. Numbers of calls to suicide hotlines have dramatically increased, clinical visits to mental health professionals have increased and the numbers of completed suicides have also increased. As noted in a Wall Street Journal article about the mental health impact of the economy, “Research shows that suicides and psychiatric hospitalizations tend to peak at the lowest point of a recession when unemployment is at its height.”

#### *Reason 2: Community Mental Health Services are Cost Effective and Efficient*

Community based services are the lifeblood for mental health services. They are much less expensive than state operated programs and they provide strong outcomes. Community based services are also the ultimate safety net for many people who would end up in emergency rooms, hospitals, the shelter system or in the criminal justice system without these services.

#### *Reason 3: Mental Health Has Received Less Percentage Funding*

Despite the state’s support, the mental health funding has still lost ground even in good times. The community system has been under funded for many years. Finally, a few years ago, we were able, through the help of the Legislature and the Executive to get a three year commitment for a COLA for our workforce. For two years, we received this funding than last year we did not get the COLA nor is it funded for this year. If the State had fully funded the third year of the COLA last year, it would have represented an increase in funding of 5.7% for community mental health programs.

#### *Reason 4: Other Well Deserving Providers are Receiving a Proposed COLA*

In this year’s proposed budget, other sectors have been recommended to receive additional funding including nutritional assistance groups, school health, asthma services, pre-natal care, lead poison prevention, regional prenatal centers, Alzheimer’s research, tobacco control, rabies, developmental disabilities, tuberculosis control and many other areas. All are very worthy causes and well deserving of additional funding. Yet, there is not one additional dollar for community mental health.

#### *Reason 5: Agency Expenses Keep Rising Dramatically*

The other reason there is a desperate need for more funding is that the expenses of running an agency keep increasing, health care cost, electricity, gas are all costs that continue to rise dramatically.

**MHANYS Recommendation:** Support a 2% mental health funding increase

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## Parental Rights to Individuals with Psychiatric Disabilities

NYS Social Services Law (SSL), subdivision 4 of §384-b is discriminatory against parents diagnosed with a psychiatric or developmental disability. Decisions to terminate parental rights should be based on behavior and not condition. This law discriminates on the basis of disability.

Historically, parents with psychiatric disabilities have faced enormous societal biases concerning their fitness to maintain parental relationships. These biases continue to pervade the legal process. Stigmatizing attitudes and beliefs are at the root of discriminatory policies. We, as a state, cannot hope to eliminate these attitudes when the foundational structure of our laws perpetuates this manner of viewing people with disabilities. MHANYS is urging the New York State Legislature to remove this and other discriminatory provisions in our laws.

Despite all the major changes that have been made to alleviate the stigma of mental illness from society, there are still many areas in which stigma is still incredibly pervasive. One of those areas is for parents with psychiatric disabilities. Over fifty percent of all adults in the mental health system are parents. The language in 384-b is discriminatory and must be eliminated.

Several states have had similar laws and the trend around the country appears to take disabilities including mental illness out of the law completely. In New York State, we are urging the elimination of diagnosis from any criteria involving the termination of parental rights. Never should a New Yorker lose custody of their child simply because of their diagnosis.

**MHANYS Recommendation:** Eliminate this discriminatory law by supporting S.2835(Huntley)/A.6668(Rivera, P.).

Because of the work of the Legislature, there was \$850,000 added to the budget for the first time to help provide legal advocacy to these parents as well as help in development of community based services for these parents. Our colleagues at Central New York Legal Services and the Urban Justice Center have been doing a wonderful job with providing legal counsel to these parents and we urge your support in helping to fund this project. This project also saves the state millions of dollars by helping to reunite families instead of a child ending up in the much more costly foster care system.

We have also received funding for the project to work on community based services for these parents through training initiatives, educational programs and tool kits to help provide them with stronger parenting skills to help insure that they keep custody of their child.

**MHANYS Recommendation:** We urge the legislature to support \$850,000 in continued funding for parents with psychiatric disabilities.

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## Adult Home Funding

In the past few years, there have been three distinct funding pools for adult home residents and the operators. There is QUIP funding which is largely used by operators to provide help in capital and infrastructure projects, there is ENABLE funding which is largely used to help in the quality of life and activities of daily living skills for residents and there is, thanks to the legislature, funding for air conditioning for residents.

We think that each of the funding streams has its distinct purposes. Also included in combining the funding was the elimination of residents' council sign off on funding for these projects.

**MHANYS Recommendation:** We strongly believe that language in the proposal should be amended to a) include full Resident Council sign-off ; b) include language that SSI homes must be a priority; and c) spell out that funds should be utilized for recovery services and ADL skills training.

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## **Medication Accessibility**

There have been continuous efforts to exclude certain anti-depressant and anti-psychotic medications from the “carve-out” of mental health medications in the Medicaid Preferred Drug List either administratively or in state budget proposals.

MHANYS opposes cost-containment proposals that rely on limiting access to the full range of medication options currently available and shown to have added therapeutic value.

This year, while there is no proposed cut, we are still concerned about the administrative language crafted by the Department of Health regarding usage of mental health medications. A full carve out for mental health medications for people on Medicaid with psychiatric disabilities has been an important protection. We are not completely sure what this new language means but we urge your support in insuring that accessibility to all classes of mental health medication remains in place.

**MHANYS Recommendation:** Closely monitor the Department of Health Language around medication accessibility for mental health medications

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## **Juvenile Justice**

There have been several reports recently including one from the Department of Justice regarding the myriad of issues surrounding juvenile justice in New York State. One of the consistent findings in all the reports is the large percentage of youth with mental illness that enter the juvenile justice system.

It is incumbent that the state provides greater support to our community to help develop alternative models for youth with psychiatric disabilities. We have heard constant refrains from judges that that they would place kids in their communities if they had better mental health treatment programs in their communities.

The framework for such interventions should involve a strong screening and assessment process as well as diversion services to alternative community based mental health models that include clinical components such as Motivational Interviewing, Family Functional Therapy, and Multi Systemic Therapy. There should also be other non-clinical components including mentoring, budgeting Actives of Daily Living skills training, supported employment and supported education.

**MHANYS Recommendation:** Work to develop an alternative community based model that incorporates best practices to divert youth with mental illness from entering the juvenile justice system.

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## Youth Services

Too often, youth who are regarded as having Severe Emotional Disturbances (SED) face deleterious gaps in services when they transition from a “youth-based” funding system to an “adult-based” funding system. A presumptive eligibility mechanism for Medicaid would enable a smooth and seamless transition as youth with SEDs age-out of children’s Medicaid, but must maintain funding for necessary services crucial for their stability and recovery.

**MHANYS Recommendation:** Support legislation that would establish presumptive eligibility for youth with SEDs who are transitioning into adulthood.

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## Suicide Prevention

You have also been leaders in the funding of suicide prevention programs. As we noted earlier, the economic crisis has led to an increase in the number of individuals who have completed suicide.

**MHANYS Recommendation:** We need your help in continuing to fund suicide prevention programs in New York State. Now more than ever, we need your support on this issue.

In collaboration with the American Federation on Suicide Prevention, MHANYS urges your support on the following pending legislation:

- **A2994/S4217:** would provide suicide prevention information and resources to college students
- **A4675:** would required suicide prevention as an integral part of health education for youth,
- **A7161/S4028:** would direct the Commissioner of Mental health to develop and conduct programs to prevent suicide among youths and to inform professionals about educational resources and programs available for preventing suicide among youth, and
- **A7274/S00734:** would require the installation of suicide prevention phones on MTA Bridges.

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## Veterans’ Mental Health Services

One of the other areas of significance that the legislature and administration continues to address in recent years is issues of returning veterans with mental health issues, most notably Post Traumatic Stress Disorder.

**MHANYS Recommendation:** We urge your support for a Veterans Mental Health Act, similar to the Geriatric Mental Health Act and we also urge your continued support for the NASW-NYS Veterans Mental Health Training initiative.

Due to Timothy’s Law, much of the landscape has changed for the positive for hundreds of thousand of New Yorkers with psychiatric disabilities as well as for their loved ones. Unfortunately, the current law does not cover mental health services for the treatment of Post Traumatic Stress Disorder (PTSD), a disorder that 35% to 45% of returning veterans now suffer with.

**MHANYS Recommendation:** add coverage of Post Traumatic Stress Disorder (PTSD) by supporting (S.185/ A 4572-A).