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Testimony on
Community Support Services
and Future of Mental Health Delivery System

Senator David Carlucci, Mental Hygiene Chair

October 22, 2014
I want to thank Senator Carlucci for holding this hearing and recognizing the needs of community mental health. In your time as Chair, you have been a real champion for our community and it is greatly appreciated.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State, Inc. Our organization is comprised of 30 affiliates in 52 counties throughout New York State. Our members provide community-based services, but we also have a long history of education and community advocacy. Many of these members, including our terrific affiliate here in Rockland County, advocate passionately for community services, children’s mental health services, peer support, veterans mental health issues, and a myriad of other issues including those that will impact Medicaid Managed Care.

Today in the mental health system, we sit on the precipice of change. The system of care is undergoing changes that are unprecedented since the days of deinstitutionalization. It is more important than ever during these changes that there remain safeguards and essential services in place for people with psychiatric disabilities.

Health Homes, Medicaid managed care, DSRIP, FIDA, HARPS – all bring with them significant challenges but also significant opportunities. Our members are very engaged with the changes in care. Many of the people we serve will be in the HARPS who will have enhanced 1915(i) waiver services. What this mean in layperson’s terms is that so much of the work that the MHAs have done for years in community engagement, peer services, family support, supported education, employment, prison and jail diversion, and crisis services will now become “Medicaidable,” which will provide an enhanced funding source.

This creates great opportunity to expand the base of the services that we know help in recovery. The combination of sound clinical care with access to best practices, appropriate access to medications, and the myriad of recovery services are integral to the continuum of care. There are no cookie cutter ways to recovery – individuals need options. By the more active use of these waiver services, the great hope is that individual options will continue to expand.

It will also, of course, mean that Health Plans will be active partners in Medicaid Managed Care and we will have to educate them about our services much like they will be educating our community about their areas of expertise. We also will have to be educated about Medicaid billing and other ancillary services. We will be working with the State to help in the development of the training and funding for the billing of Medicaid.

The MHAs are in the forefront of these changes throughout New York. We are actively engaged in all kinds of new and evolving partnerships with Health Plans, Hospitals, FQHCs,
and Home Care Agencies and with other partnering agencies including county and state government.

There are many things in the existing service system that are and always have been recovery-oriented and play a significant role in keeping people in the community and out of the hospital. We want to make sure that these programs remain in place as a safety net for individuals with psychiatric disabilities.

Community services have always been integral to recovery. A system of care must remain in place through local assistance funding. The movement to Medicaid managed care should not be used as a rationale for cutting this funding.

The 1915(i) waiver like services for many community services could well be a very good thing that will significantly improve outcomes, but it will not happen overnight. We have to insure that local assistance funding continue to exist for the future.

We also have to be concerned about the individuals who will drop out during these changes. The sad reality is that no matter how thoughtful the design and implementation, there will be people who will be confused with the changes and will be lost to the public system of care. We must find a way to help these individuals not fall through the cracks and to help bridge the interactions between themselves and their new partners in the Health Plans. This should include the creation of a hot line/ombuds function program that will work with the Health plans, the State, and the individual to help amicably resolve outstanding issues. The MHA in Tennessee ran a successful program for several years and helped resolve hundreds of complaints. Through our members across New York State, many of which run hot and warm lines, including our MHA of NYC that runs the National Suicide Prevention Lifeline; we would have capacity in New York State to run such a project.

The bottom line is also that no system of care is better than the people who are running the programs. We must have a fully engaged and financially supported workforce. I want to personally thank you, Senator Carlucci, for fighting so hard for a COLA for direct care workers. You were our champion and we cannot thank you enough for all you did in that regard.

We will have to continue that fight for better incentives for this workforce through additional financial incentives, enhancements for the mental health workforce, tuition reimbursements, career ladders, and other programs.

When we talk about the community, we also recognize the importance of hospital and bed closures done in a thoughtful, planful manner. MHANYS was on the front line in support of both the Governor’s Centers of Excellence Plan and the work of the Legislature.
We are pleased to see that these pre-investment services are beginning to be funded around the State. The Office of Mental Health should be commended for their work in getting this funding to the community. Programs that the community stakeholders have said are a priority like housing, mobile and other crisis services, peer support, ACT Teams, Children’s Waiver Services, and family support are being funded.

I know that in the lower Hudson Valley Region, there was an announced distribution of $2.25 million for these services. In addition, there was funding for supported housing and Children’s Waiver Services helping to bring the total to $3.2 million. We are very appreciative of the Governor and the Legislature for this important pre-investment funding that will go a long way to helping provide these essential services that are integral to recovery.

We hope to continue this commitment in the future recognizing the over $40 million annualized statewide for these services with the continued emphasis on housing and other supports. We know that New York does more than any other State in community housing for people with psychiatric disabilities, but even more has to be done because so much of the basis of recovery is having safe and secure housing.

**Recommendation 1**
Help to insure and support the successful transition to Medicaid Managed Care

**Recommendation 2**
Continue to insure that there is funding in place for community-based services for local assistance. There must be a safety net in place for those individuals who fall through the cracks of managed care and for those individuals who are non-Medicaid. Medicaid Managed Care cannot be a vehicle for cutting this funding.

**Recommendation 3**
A strong role should be in place to insure that for those individuals who have concerns about the changes to managed care and that have ongoing issues with the health plans that there be a responsive system in place to help these individuals. A combination of a hot line and ombuds function should be utilized to insure successful outcomes

**Recommendation 4**
Continue to find funding opportunities and other incentives for the vastly underpaid Mental Health Workforce.
Recommendation 5
Continue to insure that the new reinvestment funding is fully funded and that community priority areas around housing, mobile crisis, peer and family services and education and employment programs continue to be embraced and enhanced.

Mental Health Literacy

There is a whole other chapter when it comes to addressing concerns about people with psychiatric disabilities and that includes ending the stigma of mental illness and educating the public about mental health.

Again thank you to Senator Carlucci for your support in embracing one of our key training programs – Mental Health First Aid. Through your leadership, we were able to provide training to our members statewide on Youth Mental Health First Aid, including our members in Rockland County. Thanks to your leadership, Rockland and other corners of the State will have trainers available through the local MHAs to educate teachers and other school personnel on how to respond to a student’s behavioral health crisis. This training also serves as a great tool to help combat the stigma and discrimination of mental illness.

Through your support and advocacy and that of Assembly Mental Hygiene Chair, Aileen Gunther, as well as Education Chairs, Assemblywoman Nolan and Senator Flanagan, we have made headway in the battle to bring mental health education into schools. The Mental Health Education Bill made it further this year than it ever has in the past with the passage in State Senate and the movement to Ways and Means in the Assembly.

If we are ever going to end the stigma of mental illness, we have to start at a young age. Educating our youth about suicide prevention, depression, anxiety, and other mental health issues will not spread the illness. This is like when we whispered about Cancer in the 1960s and 70s like if we said it loudly, somehow people would contract the illness.

We should be openly talking in schools about mental health related issues. Education about Mental Health in Health classes would play a role a significant role in decreasing bullying and providing greater understanding and empathy for those one in five youth with a psychiatric disability. We continue to urge your leadership in this important fight.

We also urge your support in funding after school services for those youth who have no place to go once school ends. One school administrator told me that they are not worried about their students during the school days; it is after school that they are most concerned. We also have to ramp up the need for more clinicians including social workers in school
settings. The cuts to education in recent years have really negatively impacted these mental health and counseling services.

We must continue to add our voice to those in college with mental health issues. We should develop a survey to identify the services available across college campuses including SUNY and CUNY schools and community colleges. This survey should then be put into a report to be shared with college-age youth and their families across New York State who would find this information most useful.

Finally, I am asking our greatest champion on this cause in the Senate to continue your fight for a Mental Health Tax Check-off Bill. As we know, it has passed the Assembly for several years and been stalled in the Senate. No one has ever pushed harder than you have for this bill. I know that the Senate has historically been against additional tax Check-offs, but when it comes to ending the stigma of mental illness, it is time for a change.

We urge your continued support and tireless efforts as you have done on so many of our agenda items to fight to include a box in the New York State Income Tax for a mental health public awareness campaign. In the hundreds of thousands of pieces of legislation, there should certainly be additional room for a small Check-off box that could help provide public awareness about mental health to thousands of New Yorkers.

Thank You.

**Recommendation 1**
Continued support for MHANYS and our affiliates across New York State in providing schools and other stakeholders in Youth and Adult Mental Health First Aid

**Recommendation 2**
Continued support and leadership in the Mental Health Education Bill and for additional community funding for after school programs and the inclusion of social workers and other clinicians in schools

**Recommendation 3**
Develop a survey of mental health services in existing college campuses across New York State and create a report to be shared with college age youth and their families

**Recommendation 4**
Passage of a Mental Health Tax Check-off Bill to help end the stigma of mental illness.