



**TESTIMONY OF  
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**PRESENTED TO THE  
NEW YORK STATE SENATE FINANCE COMMITTEE  
AND  
NEW YORK STATE ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**REGARDING MENTAL HEALTH CRISIS SERVICES**

**MAY 18, 2021**

**NORTHERNRIVERS**

## **Summary of Recommendations**

- 1. Enact 988 Legislation this session and build a plan for all New Yorkers.**
- 2. Develop sustainable and well-designed crisis stabilization centers**
- 3. Aggressively put in place proven strategies to support communities, adults, and children to reduce or avoid the need for crisis services including:**
  - a. Crisis intervention services**
  - b. Enhanced CFTS services**
  - c. CIT teams**
  - d. Peer support**
  - e. Mental health first aid and related strategies**
  - f. Veteran peer support**
  - g. Virtual care**
- 4. Prioritize workforce support, including fair compensation, opportunity for training and development, and a high-quality work experience.**
- 5. Support mental health education and services in school settings.**

Good afternoon. My name is William Gettman, and I am the CEO of Northern Rivers Family of Services located in the Capital Region.

## **About Northern Rivers Family of Services**

Northern Rivers Family of Services was established in 2012 through affiliation with longstanding family services agencies Northeast Parent & Child Society and Parsons Child & Family Center. In 2019, we affiliated with Unlimited Potential, whose operations began in Saratoga Springs. Together, the 1,400-strong workforce of Northern Rivers and member agencies serve more than 18,000 children and families in 41 upstate counties each year, with \$88 million invested through more than 60 social services and child welfare programs. Northern Rivers builds a strong, successful, and healthy future for our children, families, and communities through quality services, collaboration, and innovative leadership. Our program areas include:

- Residential and community-based child welfare programming including foster care, preventive services, postadoption services, and evidence-based home visiting programs;
- Educational services for 400 students including early learning, pre-K, and Early Head Start, as well as accredited 853 schools (elementary, middle, and high school);
- Community-based child welfare and crisis services programs for children and adults including mobile crisis, school-based services, and licensed clinic programs; and
- Community-based waiver programs for children and adults including Health Home services.

I would like to thank Chairwomen Aileen Gunter and Chairwomen Samra Brouk, and members of the Assembly and Senate for this opportunity to testify on mental health crisis services.

## **COVID-19 Impact**

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. In a recent Kaiser Family Foundation (KFF) brief, 53 percent of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the coronavirus. This is significantly higher than the 32 percent reported in prior months. Many adults are also reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36 percent) or eating (32 percent), increases in alcohol consumption or substance use (12 percent), and worsening chronic conditions (12 percent), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation and job loss.

Mental health providers and their staff did not allow the pandemic to negatively impact the delivery of services.

- Tens of thousands of front-line staff left their homes each day and provided both inpatient and outpatient services.
- Providers pivoted to provide remote and tele services to avoid any disruption.
- Agencies were forced to absorb the damaging effects of added costs for personal protective equipment (PPE) and staff salaries [while the state](#)

withheld a substantial percentage of contract reimbursements due to the pandemic, which lead to cash-flow.

We cannot however let the COVID-19 and fiscal stress undermine the critical mental health system across New York State. Following are specific recommendations with regard to the crisis services in NYS.

## **The Current State of Crisis Services across NYS**

National, state, and local leaders seem ready to address the long-neglected mental health crisis system in the United States. Elements of an organized system of crisis care are in place in some states, including regional or statewide call centers, mobile crisis teams, and crisis care facilities. These necessary advances are not sufficient by themselves to address the urgent problems of increasing suicide rates, the inappropriate use of emergency departments to hold people in psychiatric distress, and the problematic reliance on inadequately trained law enforcement who frequently respond to mental health crises. This testimony details the immediate challenges and opportunities that can launch reform in systems of care for individuals in psychiatric crisis.

People with mental health disabilities, like other historically oppressed communities, are experiencing compounded harms due to the COVID-19 pandemic. People with mental health disabilities face disproportionately high rates of poverty, housing and employment discrimination, and criminalization. The economic and social upheaval caused by the coronavirus outbreak has merely exacerbated these disparities for those who were disabled prior to the crisis, while also exposing scores more people to individual and communal trauma, loss, and uncertainty.

Following are five recommendations that will to allow NYS to build a robust and sustainable crisis system.

## **1. Enact 988 legislation this session and build a plan for all New Yorkers**

We strongly urge in the remaining days of the Legislative session, passage of the 988 legislation. Passage will allow NYS to begin the critical planning and readiness and start up functions that will make the approach impactful and meaningful across the entire state.

## **2. Develop sustainable and well-designed crisis stabilization centers**

This year's budget includes authority for the creation of crisis stabilization centers. These centers will serve as respite for individuals experiencing mental health or substance-use crises who would normally end up in emergency rooms or incarcerated. The model serves as a positive approach that would help de-escalate the crisis and provide a plan of care moving forward for individuals in greatest need. For those of us who serve children and adults, few things are more frightening than having to remove an individual from the home to an emergency room for a mental health crisis. A stabilization center can help reduce the need for emergency room visits.

While the concept overall is very promising, some have raised concerns, especially around Medicaid reimbursement, workforce implications, location, and fiscal sustainability. When someone is experiencing an emergency, the only concern should be about providing respite and support, and not what insurance coverage they may have. What we have heard after the fact is that there are individuals who are in respite

care who are not on Medicaid or who are unaware of their insurance needs/coverage. We strongly support the creation of the centers, but there has to be a way to keep providers financially whole as part of the programming.

In addition, we need to avoid “over designing” the requirements for the centers. Any assumption that there are sufficient staff to now meet a statewide system is not accurate. We need to take advantage of tele services where possible to deploy staffing expertise.

We are incredibly supportive of the work of Governor Cuomo and Commissioners Sullivan and Gonzalez-Sanchez in developing and implementing the stabilization centers. We need state support to keep these centers viable. We urge the Legislature to work with the state to provide local assistance dollars to the center providers to ensure that they are made whole financially when they are unable to bill Medicaid for services.

### **3. Aggressively put in place proven strategies to support communities, adults, and children to reduce or avoid the need for crisis services**

To build a robust and sustainable crisis system, NYS must prioritize new federal and FMAP funds. OMH and OASAS increased federal block grant funding must be shared equally between adults’ and children’s purposes and the Legislature should meet congressional intent and program at least 50 percent of the new funding for mental health providers. In addition, we recommend a percentage of revenue from settlement funds and certain taxes must be earmarked for ongoing improvements to children’s mental health and addiction services. The Opioid Excise Tax, the anticipated

opioid settlement revenue, and a portion of the legalization of adult-use marijuana revenue, should all be dedicated to support the current needs and expansion of evidence-based practices for children and families.

With this funding stream, valuable prevention strategies can be expanded across NYS to reduce the need for crisis responses, removal, hospital placement, and similar outcomes.

Specific investments include:

- Create a statewide crisis intervention services network that operates 24 hours per day, 7 days a week. Expansion of these resources not only has an immediate impact on poor outcomes, but also supports the reimagination of law enforcement responses and the use of 911 interventions.
- Stabilize existing programs with a rebase of rates and workforce support enhancements including salary bonuses and support, loan forgiveness, and licensure support.
- Expand both crisis intervention teams and mental health first aid for public safety.
- Expand veterans' mental health resources. It has been a highly successful model linking veterans with each other and providing community support. We know that great stigma continues to exist with regard to mental health. The community of veterans, our heroes in society, recognize the stigma that exists and acknowledging a mental health issue becomes difficult for them. The Dwyer Project has helped to break down the stigma and barriers and has helped to reinforce that mental health issues are not weakness.

- Expand virtual care services. Some people want in-person care while others prefer telehealth appointments or digital care through a secure app or some combination thereof.
- Pay for peer support services. Expertise doesn't always come from years of academic training. Our friends, neighbors, and family members who have faced their own mental health struggles can be crucial to another's recovery. To widen the circle of expertise, [peer support](#) must be included in reimbursement programs.

#### **4. Prioritize workforce support, including fair compensation, opportunity for training and development, and a high-quality work experience**

Critical workforce shortages in the mental hygiene professions exist across NYS and not only contribute to higher costs to voluntary not-for-profit agencies, but they also impede access to care.

For context, the lack of trained staff has created significant waitlists in private, public, and voluntary clinics, school-based and related community programs. Waitlists are growing and many clinics report lists in excess of 1,000 individuals. The reason is simple: lack of a trained workforce.

We need a clear priority for workforce training, development, funding, and retention.

**Licensure.** One specific action the Legislature can take is passage of proposed legislation related to licensure and scope of practice. Assembly Member Harry Bronson and Senator Samra Brouk have introduced bills in their respective legislative bodies to:

- Standardize the requirements for licensure
- Authorize trained staff to diagnose and develop assessment-based treatment plans
- Provide workforce flexibility to deal with critical needs

If these bills do not pass, Licensed Mental Health Counselors (LMHCs) and Marriage and Family Therapists (MFTs), among others entering the field, will not be allowed diagnose patients and develop treatment plans. This would create devastating slowdowns in treatment for tens of thousands of clients, because it will not only discourage many from entering the field, but it will also have terrible impacts on community mental health services.

**Annual Salary Adjustments.** This year's executive budget also includes funding to defray the increase in minimum wage cost to not-for-profits in OMH, OASAS, and OPWDD. This is a long-term state commitment to increase the minimum wage statewide to \$15.

In addition, the Legislature added a COLA for agencies for the first time in a decade. The 1 percent COLA is appreciated. We must, however, develop a sustainable plan to recruit and retain staff to deal with mental health issues. Turnover rates of 40 percent make the crisis services system more vulnerable.

To ensure a robust system of care, we need predictable and fair salaries and benefits for mental health professions. These benefits should include at a minimum:

- One-time bonuses from federal relief and FMAP funds
- Hazard pay
- Loan forgiveness and licensure support

**Invest in Provider Workforce Diversity.** In addition to exposing the limitations of our current mental health care system, COVID-19 has exposed preexisting health disparities. This year's violence and strife have only added to the inequitable burden of mental trauma in the Black community, yet, as a society, we are alarmingly unprepared to address that trauma through culturally competent care. As of 2015, [only 4 percent of psychologists in the U.S. were Black](#). Our mental health care system will better serve all Americans if provider networks are more diverse. To this end, we recommend that federal and state action establish a fully funded grant program to support the education and training of providers from underrepresented minority groups.

There are fewer than 30,000 psychiatrists and 100,000 psychologists and both groups are aging and retiring. At the same time, there are more than 750,000 licensed master's-level social workers and counselors. As in other areas of health, independent master's-level providers are the youngest and fastest growing group. We need to include them fully in Medicare, Medicaid, and alternative payment models, as well as training, through SAMHSA, in evidence-based treatment.

## **5. Support mental health education and services in school settings**

We are immensely proud that New York is the first state in the nation to mandate the teaching of mental health in schools. Since implementation of the law, many strides have been made. Of greatest importance—and to the credit of schools—we see a much

greater emphasis on changing school climates to make them more conducive to good mental health and wellness.

The NYS Office of Mental Health has been a strong leader, as has the State Education Department, in ensuring that information about mental health is shared with schools across the state. We also applaud OMH's initiative to encourage school-based mental health services to more than 800 schools across the state.

We are at a critical place, however, in that schools districts are closing newly expanded school-based services due to fiscal and space impacts of COVID-19.

The impact of the mental health education legislation highlights a growing demand for children's mental services, and to meet the growing need and demand, we must:

- Accelerate and simplify the process for establishing mental health clinics
- Encourage school districts to develop and implement creative approaches for services within the district
- Share valuable resources

One method to support the growth is to give OMH the authority and funds from settlement funding and/or federal relief to provide startup and wraparound grants to providers and school districts that allow for cross systems collaboration, joint training, and on-site consultation.

We need to continue the great work that New York has done in fighting for greater mental health in schools recognizing that we are the leaders in the nationwide process of change.

## Conclusion

In closing, we urge the Legislature to carefully develop a series of recommendations, funding methods, and tools that ensures that NYS remains committed to the programs that produce positive outcomes for children, individuals, and families; one that ultimately **saves the state money on more expensive interventions such as foster care, unnecessary medical care, homeless shelters, and the juvenile justice system.** We strongly encourage the Legislature to support the need of the not-for-profit human services sector.

Simply stated, we recommend investments in our vital not-for-profit human services organizations and communities that yield positive outcomes for all New Yorkers. We must make New York State a great place to live, a great place to raise a family, and a great place to operate a business.

Thank you for the opportunity to testify.