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Executive Vice President

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Nicole Meeks
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Testimony
on
New York's Mental Health Crisis Delivery System
May 18, 2021

Thank you for allowing CSEA to submit testimony for today's hearing regarding New York's mental health crisis service delivery system.

CSEA represents thousands of workers on the front line of the state's mental health care delivery system. These include members who work in traditional inpatient hospital settings in the Office of Mental Health (OMH) and other general hospitals, as well as those in county mental health departments. Collectively, these employees are trained mental health professionals who provide critical services to New Yorkers facing an immediate mental health crisis and support services to those living in their community.

Over the last decade, policymakers have divested tens of millions of dollars from the state operated mental health system. During this time, nearly 800 inpatient beds have been eliminated within OMH, and attempts have been made to close children's psychiatric hospitals and outpatient mental health clinics. This is a disservice to New Yorkers who need these treatment options, as well as the mental health treatment workers whose experience, training, and knowledge rivals that of any other workers in this field. As you examine the state's mental health crisis delivery system, I urge you to ensure that the role of the frontline workers in county mental health departments and the state's OMH hospitals are expanded. Their skills and dedication to their patients and clients can help ensure the state offers a full array of mental health treatment options to those in need.

Providing care for those in crisis should not be left only to the public sector or to the voluntary providers. We need a balanced approach that utilizes the strengths of each type of provider to give clients a wide range of care options. The state and local governments already operate several programs that work to prevent people from having a mental health crisis or assist those during one. The Office of Mental Health operates mobile integration teams throughout the state. The program aims to ensure that the social, emotional, behavioral and mental health needs of a patient are met to prevent them from having to be admitted, or readmitted, to an inpatient setting. Mobile integration teams teach health skills, provide assessments, skill building, respite services, parental support, and crisis services. Since their creation, they have served over 14,000 patients throughout the state. An expansion of this program would help bring these services to a larger population, and would allow them to provide programs to geographically isolated clients.

Employees of county departments of mental health are also vital to ensure available treatment options for those in crisis. The mission of local departments of mental health is to provide those with a mental illness with a full range of services, including stabilization, and services to keep them at home and in their community. These county employees help coordinate services, deliver services like mobile integration teams, and offer outpatient mental health and substance abuse treatment. In addition, they serve as a frontline for detecting changes in a patient's behavior that may require additional resources. Investing resources into these county departments of mental health would pay dividends by helping to prevent a person from needing inpatient or crisis service programs in the first place.

The State currently has a trained mental health workforce but has not made proper investments in it to allow them to provide crisis services to a larger population of residents. These employees stand ready to provide the services that will allow many to stay in their community rather than a hospital. However, past actions from policymakers have us concerned that the skills of these qualified and caring employees will be passed over. We urge you not to make this mistake, but rather, to provide these publicly operated programs with the resources that they need to be a part of this continuum of care.

Thank you.