



February 5th, 2025

**New York State Joint Legislative Budget Hearing on Mental
Hygiene**

National Alliance on Mental Illness of New York State (NAMI-NYS)

150 Broadway, Suite 406

Menands, New York 12204

(518) 245-9160

Sharon McCarthy, President

Nathan McLaughlin, Executive Director

Testimony Delivered by Nathan McLaughlin and Julie LeClair Neches,
Board Member and Family Advocate

Good morning, Assemblyman Pretlow, Senator Krueger and members of the committee, thank you for the opportunity to provide testimony on the critical topic of the mental hygiene budget. My name is Nathan McLaughlin, and I am the Executive Director of NAMI-NYS. NAMI-NYS is the New York state chapter of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots organization in the country dedicated to improving the lives of individuals and families impacted by mental illness. NAMI-NYS envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares. While I am new at my position at NAMI-NYS, the issues I will be testifying on today have long impacted generations of my family and it is a privilege to be able speak for families like mine who experience a myriad of challenges trying access care for their loved ones living with psychiatric conditions. With me today, is NAMI-NYS board member Julie LeClair Neches, whose story of the tragic and untimely death of her daughter, Alix was featured in the 2025 State of the State Address. I am here today to detail how we can partner with you and the Legislature to build communities across New York State that are able to properly care for the countless New Yorkers who face mental health challenges. One in four New York families are impacted, like mine and Julie's.

For decades NAMI-NYS has testified about the need to invest in services to address the needs of people living with a diagnosable mental illness as well as those living with mental health challenge. For many years these pleas fell on deaf ears and there was little the Legislature could do to fill the massive gaps created by the gross underfunding of mental health services in both hospital and community settings in decades of Executive proposals. My family has been negatively impacted by this as I have had loved ones moved to different parts of the state in order to access care. Julie's family paid the ultimate price from the decades of underfunding, the loss of her daughter Alix. Alix should still be with us today and would be had she received the supports she needed to address her serious mental illness.

Fortunately, my message before you today is different. It is filled with hope, not despair and I can speak about progress and not shortfalls and deficits. I truly believe we have an opportunity to partner with the Legislature and Executive to create the type of communities and care that

NAMI-NYS envisions and strives to create in collaboration with the Executive and the Legislature.

This year's Executive Budget Proposal represents the third year of Governor Hochul's historic prioritization of mental illness *and* mental health in her bold proposal. NAMI-NYS vigorously applauds Governor Hochul for audaciously proposing to build on New York's national leading advances in expanding psychiatric access during the previous two sessions by addressing the biggest threats to New York's mental wellness: the failure to meet the needs of the most vulnerable New Yorkers living with serious mental illness (SMI) and the growing youth mental health crisis. Governor Hochul's plan also ambitiously aims to continue her historic and tenacious dedication to breaking down the leading barrier separating New Yorkers from accessing mental health care, inappropriate and outdated practices by commercial insurance plans.

NAMI-NYS commends Governor Hochul for boldly fighting for families like ours that have been impacted by mental illness by aiming to tackle complicated and multilayered problems by utilizing a multifaceted approach that is innovative, person-centered and equitable. NAMI-NYS is also grateful that the proposal includes many investments and recommendations NAMI-NYS has long advocated for.

NAMI-NYS has identified three advocacy priorities:

1. Fighting for Alix and Nicole: Supporting the Most Vulnerable New Yorkers Living with Serious Mental Illness
2. Breaking Down Barriers and Building Bridges: Increasing Access to Mental Health Services for all New Yorkers
3. Fighting for New York's Future: Addressing the Youth Mental Health Crisis

NAMI-NYS will also identify two concerns which we will work with the Governor and Legislature to address.

1. Fighting for Alix and Nicole: Supporting for the Most Vulnerable New Yorkers Living with Serious Mental Illness

NAMI-NYS thanks Governor Hochul and her staff for truly listening to the stories of NAMI-NYS families and taking bold action on NAMI-NYS's long-held priority of supporting our loved ones who are most vulnerable to negative outcomes due to their serious mental illness (SMI). Governor Hochul's efforts to provide care for those who need it the most continues with

improving and enhancing New York's Assisted Outpatient Treatment (AOT) and Involuntary Commitment (IC) programs.

Critics have claimed that this focus is an attempt to expand a broken program. NAMI-NYS had a hand in forming this policy and we can tell you, that argument is wrong. What Governor Hochul's plan aims to do is fix a broken system by modernizing and streamlining the process along with introducing greater utilization of mental health professionals and introducing common sense adjustments that will improve the program such as allowing doctors to testify remotely.

Some critics will also argue that this is an attempt to coerce of force people into treatment that they do not want, or who (they argue) may not even need the care being offered to them. Again, NAMI-NYS believes this argument is an oversimplification and fails to recognize the myriads of challenges facing individuals in need of care and their providers who are attempting to deliver care to the New Yorkers who need it the most. The leading challenge is that for many, their serious mental illness prevents them from recognizing their symptoms and/or having insight on their illness, due to a medical term called *Anosognosia*.

Since there are so many misconceptions about what enhancements are needed to improve AOT and IC. The enhancements to involuntary commitment that Governor Hochul is seeking and that we support include:

a-Revisit the efforts from 2021-22 to codify the NYS Office of Mental Health (OMH) Law to present clearer directives to providers and courts about the initiatives and the process.

b-Allow Psychiatric Nurse Practitioners (PNPs) to be the secondary recommendation. NAMI-NYS has always argued in order to meet the needs of people living with mental illness we must utilize every appropriate tool in our proverbial toolbox. PNPs are valued providers of mental health services and can diagnose and prescribe medication. It is common sense to allow them to recommend IC's if they deem it necessary.

c-Clarify and support healthcare providers so they have a more holistic approach to ascertaining someone's full history when trying to advance their recovery. NAMI-NYS

has always argued for a person-centered approach in all psychiatric settings. This element was an essential part of NAMI-NYS's proposed Nicole's Law as I will detail below.

Much-needed enhancements to Assisted Outpatient Treatment (AOT) that Governor Hochul is seeking and that we support are:

a-Continue to further federal litigation to make accessing records easier. This is critical as often times people with mental illness leave their home community and end up in different parts of the state or country. This is why the ability to access records across state lines is so important to deliver holistic person-centered care. Streamlining the ability to access records was also a major element of Nicole's Law.

b-Revisit the 2022 proposal to make re-entry into the AOT program more streamlined. NAMI-NYS believes that this proposal can help save lives by getting desperately needed care to someone who is a danger to themselves as quickly as possible.

c-Allow for providers to testify via video for AOT court proceedings. This is just common sense in our post-pandemic world where video meetings, tele/video medicine appointments and other video court testimonies continue to take place.

d-Improve coordination and connections to care for people once their AOT order is over, so they can continue their recovery. This includes being able to maintain a relationship with their assigned case-manager. This care coordination for those coming out of structured settings such as hospitals and AOT orders was also an essential part of Nicole's Law.

To be clear, NAMI-NYS does not argue for forcing treatment on people, rounding up the unhoused population and warehousing them in hospitals or returning to the draconian overutilization of asylums. What we do believe is that in the most serious cases, when our loved one's life and potential have been dramatically altered by the symptoms of psychosis or the unrelenting grip of depression and/or suicidality, we must do everything we can to provide them with the care they desperately need. Only by providing timely holistic care and treatment can we prevent the most negative outcomes for people living with a mental illness: homelessness, incarceration and death. Too many of the families NAMI-NYS represents have had to helplessly stand by and watch their loved ones experience these tragic and preventable outcomes. This includes our brave families who relentlessly shared the stories of the untimely passing of their

young daughters to demonstrate the importance of the advancements Governor Hochul aims to introduce.

I mentioned earlier how Governor Hochul incorporated the story of NAMI-NYS board member Julie Neches and the untimely death of her daughter Alix into her State of the State address to explain why these enhancements are so important. Now, Julie would like to share Alix's story with you.

My name is Julie LeClair Neches and I'm here today to speak for my daughter Alix and continue her dedication to supporting others like her whose lives have been derailed by serious mental illness. Alix was caring and bright, and she wanted to be a writer. We were so proud when she got into Dartmouth. As is the case with many smart young people, Ali was diagnosed with a mental illness while away at college. She had a manic episode in her freshman year when she was prescribed Adderall and subsequently was diagnosed with bipolar disorder. Alix ended up in a psych ward and I ended up staying on campus in a special room in the infirmary for parents so I could be close to her. During her inpatient stay Alix emailed the entire freshmen class to say she was being held prisoner and other ramblings fueled by her psychosis. As you can imagine this greatly stigmatized her among her classmates, leading her to transfer to New York University.

Alix was thriving during her time at NYU and living in New York City until my dad passed. Alix and my dad were very close, and his passing fueled another psychotic episode. This manic episode led to a more serious outcome when Alix was expelled from a bar and in the process of being removed, the door slammed and the glass panel in the door broke. Since the value of the damage was more than \$250 Alix was charged with a felony and sent to a psychiatric prison unit. We had to fight to have her charges dropped. This led to Alix needing the type of services Governor Hochul has included in her Executive Budget proposal.

I am grateful that Governor Hochul took the time to listen to Alix's story and allow me to explain to her how these services extended Alix's life and how I truly believe Alix would still be here today had she had sustained access to the services she desperately needed to battle her mental illness.

Sadly, Alix did not have access to these services and despite her strong, brave and dignified fight, lost her battle with serious mental illness. Though tragic, Alix's passing has generated many positives. NYU posthumously awarded her a degree and at her funeral so many people who were in the psychiatric unit with Alix came and told me how much she helped and supported them when they were in the hospital. One young woman who couldn't attend Alix's funeral flew from California to read a seven-page letter thanking Alix for saving her life and how she would not have made it to medical school without Alix's support. She also promised Alix that she would name her first child after her.

While I know Alix's untimely passing was preventable, I can take solace in knowing that Alix helped so many, and her legacy continues to support people like her living with serious mental illness. I know she must be so proud that her story was shared by Governor Hochul in the State of the State

Address and knowing the positive life-saving impact her story will have on the community of peers who she cared deeply.

Finally, as I conveyed to Governor Hochul, I will not let Alix's story be used as an argument to round-up homeless people or infringe on people's rights. Along with being a mother I am also a PhD clinical psychologist who provides treatment to those with a mental illness. I am not before you today in an attempt to address homelessness or prevent crime, I am here to help provide care. I am here because it should be Alix here before you today telling her story and advocating for her peers. Thank you for allowing me to tell Alix's story on her behalf.

Many of the enhancements proposed by Governor Hochul align with and support the goals of NAMI-NYS' Nicole's law. These include: advancing federal litigation to make accessing records easier; taking a more holistic approach to an individual's care including a review of previous medical history upon being admitted into an inpatient psychiatric setting to avoid previously unsuccessful treatment options; utilizing a person-centered course of treatment; extending hospital stays when appropriate; and supporting people coming out of structured settings such as AOT orders and hospitals and connecting them with community-based services.

Nicole's Law was inspired by the insights of Roy and Lucille Ettere, whose daughter died by suicide after five ineffective inpatient admissions in a six-month period. Below is the testimony Roy and Lucille delivered before a joint legislative hearing on suicide prevention in 2019, which led to the introduction of Nicole's Law.

Hello, my name is Roy Ettere from Somers in Westchester County. I am a board member of NAMI Putnam. My wife Lucille, who is with me today, is also a member of NAMI Putnam. We both volunteer with the Putnam Suicide Task Force in Carmel, NY. We would like to share our story with you and ask for your support to help the severely mentally ill and prevent them from turning to suicide to stop their pain.

Our daughter, Nicole, took her own life September 19th, 2017, after suffering with a mental illness, body dysmorphia. She was 37 years old and a very vivacious woman who worked diligently in the medical field for over ten years prior to her illness. She struggled with anxiety and depression and in March, 2017 was unable to continue work. For seven months she isolated herself from family and friends only to go out to visit her doctors and therapists. She was briefly hospitalized five times after five suicide attempts from June through August of 2017.

We were helpless and tried tirelessly to get her the help she needed. The hospitals failed to provide Nicole with appropriate treatment. Missteps included giving her medication without testing her blood to see what she had in her system, keeping her for a few days and releasing with no concrete discharge plan. As a matter of fact, the first hospital released her to the streets of Manhattan in her slippers. Although medical histories were taken at each hospitalization, no collaboration was done with previous doctors/hospitals.

Nicole could have been helped if each hospital made a proper diagnosis, recognized the severity of the mental illness and collaborated with the prior hospital. It would have helped if each

hospital had a specific plan to deal with someone with multiple suicide attempts, rather than put her in the general population with medication and general groups and classes.

When entering the hospital emergency room after a suicide attempt and if that person has made prior suicide attempts, that patient should be given individualized attention to determine why these multiple attempts happened and/or continue to happen. If Nicole was given therapy in addition to medication, if she were assigned an advocate to guide her through the treatment and if a proper discharge plan was put into effect, if she received follow up support after discharge to ensure she was adhering to her discharge plan, our daughter might still be here and I would not be speaking before you today.

We have a daily void in our life. We request that you create a bill that will hold the hospitals accountable and have them put in place in-depth evaluation/diagnosis, collaboration between doctors and hospitals both within the hospital and between previous hospitals where the patient was seen/treated. Create a red-flag law which will alert hospitals/doctors/social workers/psychologists that the patient experienced a previous suicide attempt and needs intensive treatment.

Please consider calling it Nicole's Law to help protect the mentally ill in all our communities and to prevent the loss of life by suicide. Thank you for listening to our story and our request. My contact information can be found at the end of the testimony and you and your colleagues can feel free to contact as me as I want to collaborate with you, not to fill the void in my family, but to ensure Nicole's experience will prevent other families from experiencing such a void, as no family should share such a loss.

May we count on you to protect the most vulnerable of the mentally ill by establishing Nicole's Law?

Last week, Roy and Lucille joined Julie in a private meeting with Governor Hochul to share their stories and thank the Governor for fighting for families across the State. No family should have to helplessly stand by and watch the horrific demise of their children, all while knowing their demise was preventable, the way Julie and the Etteres have. Governor Hochul's budget aims to prevent these tragedies and provide care to all our loved ones with serious mental illness.

NAMI-NYS supports the following five components of a comprehensive strategy to support the needs of the most vulnerable in our State:

A-Enhancing AOT and IC: The FY 2026 Executive Budget designates \$16.5 million to counties to enhance county-level implementation of AOT programs across the state and \$2 million for additional OMH staff to increase reporting and monitoring, enhance statewide training, and provide additional support for counties and providers. This will improve statewide consistency and effectiveness of AOT services while also offering enhanced voluntary service

packages for individuals who wish to access enhanced intensive services. The proposal also includes amendments to Mental Hygiene Law to expand standards for IC and to strengthen the AOT statute. NAMI-NYS strongly supports these initiatives.

B-Investments in Peer-Based Community Programs: While NAMI-NYS supports the enhancements to AOT and IC, we remain steadfast in the belief that AOT and IC are not panaceas and should only be used as a last resort for the most vulnerable. We emphasize that AOT and IC are just two-pieces of a large puzzle of services needed to advance the recovery and address the complicated needs of this population. We do not believe AOT and IC should be invested in, in lieu of investments in community-based services. We believe the opposite and know that it is essential that commitments to AOT and IC must be paired with significant investments in community-based programs. As these programs are vital to the success of AOT and are needed to ensure people have access to proactive care and avoid decompensating to the point where they need a reactive AOT order to receive care.

This is why NAMI-NYS is glad to the executive proposal couple the enhancements to AOT and IC with substantial investments to support those with SMI. These investments include \$4 million to create a hospital-based peer bridger program and fund an expansion of Intensive and Sustained Engagement Teams (INSET). These proactive peer-based programs are beneficial alternatives to AOT and IC in most cases and allow people to recover in the community setting.

C-Expansion of Street Psychiatry and Safe Options Support Teams: NAMI-NYS is also enthused to see the proposed \$2.8 million for OMH to add street medicine and street psychiatry to Safe Options Support (SOS) teams across the State. This enhancement will allow SOS teams to provide immediate medical and psychiatric care to unsheltered individuals, improving the effectiveness and timeliness of outreach services and hopefully put the most vulnerable New Yorkers on the road to recovery and prevent the need for AOT, IC's and the overutilization of law enforcement and hospitals as gateways to recovery.

D-Expansion of Clubhouses: The FY 2026 Executive Budget commits \$10 million to establish up to seven new clubhouses across New York State. NAMI-NYS has long advocated for the expansion of clubhouses which have played a beneficial role in advancing the recovery of those with SMI by providing a safe place and a purpose.

E-Creation of the 24/7 Welcome Center Model. The FY 2026 Executive Budget commits \$6.5 million to support the creation of spaces within five New York City subway stations for mobile outreach teams to better connect and coordinate services for unhoused individuals. This funding will support one-time start-up and ongoing operating costs. NAMI-NYS is eager to learn more about this new initiative and will work with our NAMI-NYC affiliate to develop a better understanding of this model and a possible role for NAMI services.

2. Breaking Down Barriers and Building Bridges: Increasing Mental Health Access for All New Yorkers

While NAMI-NYS is encouraged by the investments targeted to benefit the most vulnerable with serious mental illness, we are also glad to see investments that are aimed to expand access to critical psychiatric services for all New Yorkers.

A- Ensure Mental Health Parity NAMI-NYS has consistently lauded Governor Hochul's tenacity in working to address one of the leading barriers to psychiatric care, the practices by commercial insurance companies that fail to cover or reimburse providers for psychiatric services at similar rates as physical care. Once again, NAMI-NYS applauds Governor Hochul for continuing to prioritize this critical access issue.

The FY 2025 Enacted Budget established a new requirement that commercial insurers reimburse behavioral health services at or above the Medicaid rate effective January 1, 2025. The FY 2026 Executive Budget provides \$1 million for additional staff to monitor compliance with the new law. OMH will provide network monitoring and surveillance and will work with the Division of Financial Services (DFS) and the Department of Health (DOH) on compliance enforcement through citations and/or fines.

B-Support for Mental Health Housing Programs: NAMI-NYS has long been a proponent of mental health housing programs that provide wrap-around support services and are encouraged to see this proposal to meet the needs of housing providers and our loved ones who they serve. Consistent with legislation enacted in the FY 2024 Budget that extended property pass through provisions to include OMH's non-licensed residential programs, the Executive Budget includes \$11.9 million to increase stipends for nearly 18,000 OMH Supported Housing units to keep pace with rising property costs.

C-Support Community-Determined Wellness in Historically Marginalized Neighborhoods:

In 2023, NAMI-NYS issued a report detailing mental health access disparities in rural and inner-urban areas as well as the need to work with communities to establish an equitable approach to providing mental health services that are tailored to the specific needs of individual communities. This is why NAMI-NYS applauds the inclusion of a \$2 million grant program to support wellness initiatives in marginalized communities that have faced decades of underinvestment, violence, and systemic inequities. Drawing from the grassroots healing efforts in East Buffalo that were developed in the aftermath of the 2022 Tops Supermarket shooting, which included barbershop talks, father-son outings, and cultural healing circles, this program will fund community driven, culturally relevant wellness activities.

D- Pilot an Aging in Place Program: The FY 2026 Executive Budget provides \$1.6 million to introduce a pilot program to help older adults who need assistance with activities of daily living (ADLs). This initiative focuses on providing support to individuals in existing Community Residence Single Room Occupancy (CR-SRO) units. This investment will help promote independence, safety, and quality of life for aging New Yorkers.

E-Enhance the Capital District Psychiatric Center Crisis Unit: The Budget provides \$2.4 million (\$7 million fully annualized) to update the Crisis Unit at the Capital District Psychiatric Center to include an 8-bed acute care unit and expand the Mobile Integration Team to improve safety and quality of patient care.

3. Fighting for New York's Future: Addressing the Youth Mental Health Crisis

NAMI-NYS has consistently called attention to the unique stressors impacting the mental well-being of New York's future, our youth. NAMI-NYS is quite encouraged that Governor Hochul's budget proposal aims to build on the historic advancements in this area. 2024 was highlighted by NYS's passage of the first laws in the nation to address the negative impact that social media is having on youth's mental health and ensure children's online safety as well as the impactful law signed by Governor Hochul to place 988 information on student ID cards. Proposed investments in this area include that we support include:

A-Expansion of Teen Mental Health First Aid for High School Students. The Executive Budget allocates \$1.5M to OMH to expand its teen Mental Health First Aid (tMHFA) training. Specifically, these funds will be used to train both teens and adults who work with teens to identify, understand, and respond to signs of mental health and substance use challenges, including the impacts of bullying and school violence.

B-Creation of Comprehensive Clinical Assessment Hubs: The FY 2026 Executive Budget supports the creation of clinical assessment hubs staffed by multidisciplinary clinicians with an investment of approximately \$1 million. These hubs will provide specialized evaluations for children with complex behavioral and clinical needs, ensuring accurate diagnoses and connecting them to individualized services without requiring hospitalization.

C-Expansion of Clubhouses and Youth Safe Spaces: As detailed above NAMI-NYS strongly believes in a person-centered and equitable approach to delivering mental health supports and services and this is especially true for youth, which is why we are encouraged to see the expansion of Youth Safe Spaces which tailor services to the specific needs of children. The \$10 million investment mentioned in the top section in discussing clubhouses also includes funding for four new Youth Safe Spaces.

D-Support of the School Mental Health Resource and Training Center: The School Mental Health Resource and Training Center was established to support all NYS public and private schools to implement Chapter 390 of the Laws of 2016, requiring mental health instruction as part of the K-12 health curricula, which NAMI-NYS helped advocate for. The \$500,000 proposed in the budget will help ensure that NYS students receive appropriate mental health education, and that teachers and administrators receive the tools to expand mental wellness in schools.

E-Improving Maternal Mental Health: NAMI-NYS understands that instilling positive practices for children begins before birth by meeting the mental health needs of mothers during both the pre and post-partum periods. The FY 2026 Executive Budget provides \$1.5 million to expand maternal mental health services. OMH will integrate behavioral health services into OB-GYN practices in underserved communities, ensuring accessible and comprehensive care for mothers. There are also investments in the 988 to expand maternal health awareness among care-center employees.

Despite all the positive investments, there are two areas of real concern in the proposed budget, as follows:

A-Care for Those Who Care for Us-Support the Mental Health Workforce: NAMI-NYS is dedicated to caring for those who care for us and advocating for the mental health needs of the workforce who work tirelessly to deliver services and supports to advance recovery of many New Yorkers. The executive proposal includes a 2.1% targeted inflation increase to address inflation. While acknowledging the struggles providers face, the 2.1% falls way short of the 7.8% increase that NAMI-NYS and our advocacy colleagues are calling for. NAMI-NYS will join mental health advocates in working the Executive and the Legislature to close the gap between the two figures.

B-Elimination of Prescriber Prevails in the NYS Medicaid Program: NAMI-NYS is also disappointed to see that the executive proposal seeks to eliminate prescriber prevails procedures for those receiving Medicaid. Prescriber prevails" policy is essential for delivering personalized, effective, and equitable healthcare, ensuring that medical decisions are driven by patient needs and clinical expertise rather than administrative or financial constraints. Medical practitioners possess comprehensive knowledge of their patients' unique health profiles, including factors like age, ethnicity, and coexisting conditions. This insight enables them to prescribe treatments tailored to individual needs, which is crucial for patients with complex or chronic health issues. This is particularly important for patients with mental health needs. Restoring prescriber prevails will be a major priority for NAMI-NYS as it is essential to recovery that people receive medications (along with other services when necessary) to address their unique set of symptoms.

Thank you for listening and NAMI-NYS looks forward to collaborating with you to create communities that care for individuals and families impacted by mental illness.