



The Trifecta of Racial Discrimination, Mental Health Disorders, and Covid-19

I. Acknowledging New York State's Leadership

My gratitude to the Standing Committee on Mental Health of the NYS Assembly for convening yet another important opportunity to hear the voices of New Yorkers. I am truly appreciative to appear before you the perspective of a New York State resident who has had a front row seat, experiencing three pandemics with overlapping and devastating socially disruptive effects: racial discrimination, mental health disorders, and presently, the coronavirus pandemic.

Through my roles on the NYS Public Health and Health Planning Council and the NYS Behavioral Health Services Advisory Council, I have been a witness to the wonderful leadership of our Governor and the Commissioners of the Department of Health, the Office of Mental Health, and the Office of Addiction Services and Supports.

I have benefited from years of collaboration with the Coalition of Medication-Assisted Treatment Providers and Advocates (COMPA), the American Society of Addiction Medicine (ASAM), and the Advanced Health Network (AHN) and Recovery Health Solutions (RHS). AHN-RHS is an independent practice association, comprised of 51 independent behavioral health and social determinants of health organizations providing integrated behavioral health services throughout New York City, Nassau and Suffolk counties, and upstate New York.

As the Chief Executive Officer of START Treatment & Recovery Centers (START), I am honored to be affiliated with a phenomenal and dedicated cadre of over 280 professionals, who deliver care to an economically disenfranchised and socially vulnerable population of over 3,000 adults and adolescents, more than 60% of whom experience co-occurring mental health disorders.

START has treated over 50,000 New Yorkers throughout Brooklyn and Manhattan, since it was founded in 1969. Its goal is to provide the highest quality of compassionate, comprehensive, evidence-based healthcare and social services; education of the public concerning maintenance of healthy lifestyles; and cutting-edge behavioral, biomedical, and healthcare services research.

Its community-based treatment programs for adults and adolescents use individual and group counseling with medical and behavioral health professionals to treat patients, offering short-term, outpatient medication-based detoxification and a drug-free chemical dependency program for other non-opiate substance use disorders. Its outpatient services and programs for people seeking quality treatment for drug addiction and rehabilitation include comprehensive medical care and specialized HIV services; behavioral health and vocational services; and medical case management. For more information, visit www.startny.org.

II. Underlying Causes Increase Impact of the Coronavirus Pandemic

There is an ever-expanding volume of peer-review publications and an increasing effort of public and private healthcare agencies and foundations, who have been examining the consequences of the continuing covid-19 pandemic from an array of perspectives. The focus of the current public hearing, unfortunately, has been underrepresented in most examinations.

Whether from the Centers for Disease Control and Prevention (CDC), or the Substance Abuse and Mental Health Services Administration (SAMHSA), common findings among most reports are that communities of color or persons with a mental health or substance use disorder experienced a disproportionately higher covid-19 infection rate, hospitalization rate, morbidity, and mortality. While extremely important, these reports have focused almost entirely on containing the virus with public health interventions such as social distancing and encouraging the wear of masks and face coverings.

This critically important and often singular focus does not include an examination of decades of social dislocations and racial discriminatory systems that place communities of color and vulnerable populations at greater risks for decades, thereby increasing the impact of public health pandemics, such as covid-19. These same populations continue to suffer a higher rate than the general population, of the same diseases and co-occurring medical (such as hypertension and diabetes) and mental health disorders that contributed to their disproportionate covid-19 morbidity and mortality. This is largely due to a failure to focus and embrace the approach of examining the social determinants of health.

The covid-19 pandemic also revealed longstanding limitations in the health care delivery systems, including the limitations in public health, primary care, and mental health infrastructure. Workforce limitations which had been especially significant among behavioral health providers pre-covid-19, were made more severe as services continued during the pandemic despite inadequacies in their supply of personal protective equipment. This led to covid-19 related illnesses and/or quarantine of these under-appreciated essential workers. This only worsened the staffing of behavioral health providers.

Because of the regulatory relief provided by NYS, many providers were able to shift their operations using telehealth services. However, the transition was not smooth due to the inadequacy of internet services in many areas, the limited minutes of telephone providers used by some patients, and/or the capacity of some patients to use the technology. Despite the implementation of these technologies, it did not adequately address the social isolation experienced by many persons served.

From the standpoint of behavioral health providers, this meant dedication of resources in the purchase of laptops for clinicians to work remotely and the purchase of personal protective equipment. These expenses had not been previously anticipated or budgeted. This is especially significant, given that revenues were reduced to limit in person interaction among clinicians and between clinicians and the persons they serve.



In summary, the almost singular focus on the virus, the inadequate attention to the social dislocations, and not adequately focusing upon the impact on other co-occurring medical and mental health disorders placed communities of color and persons with mental health disorders at greater risks. The covid-19 pandemic also revealed longstanding weaknesses (workforce, reimbursement, etc.) in the delivery system.

III. Recommendations

As we have crossed the threshold of Labor Day, this represents another opportunity to recognize our behavioral health workforce. The significance this year is unlike its relevance in past years.

Related to this recommendation is a need to focus upon efforts to expand this workforce using traditional and non-traditional vehicles such as loan forgiveness for counselors. Telehealth needs to be expanded across the state, especially for those incapacitated by illness or those unable to access services in person. We can not continue to have travel to be a barrier for access to care. Even so, telehealth should not be viewed as a replacement for in-person treatment.

Clearly, the embrace of telehealth was stimulated by covid-19. The state should consider investing in other innovations that will either enhance the access to care or the impact of services delivered. Additionally, this may be an appropriate time to review the framework of credentials of clinicians providing care to persons with behavioral health disorders.

From an access to care and an ability of providers to deliver these services, it is critical that the waiver for telephone services continue and that reimbursement of brief services continue. For the fiscal viability in behavioral health, it is imperative that rates for providers reflect the actual work being performed and account for adjustments made including length of client interaction and the use of technology to replace face to face appointments.

This is especially critical given the concern that reductions in services are on the horizon due to covid-19 related deficits in the state revenues. This could not happen at a worse time for New Yorkers and especially communities of color who suffered prior to the pandemic and disproportionately greater during the pandemic.

In closing, I truly hope that at the close of this public hearing that there are some undeniable take home messages. One is that there is a sustained focus on the social determinants of health to inform the development of effective interventions. Second is that behavioral health services are viewed and treated as essential health services and have access to the same resources and support that other sectors of the health care field are afforded. In my professional opinion these are critical ingredients in addressing this pandemic and those down the road, especially for communities of color and the mentally ill.