



**New York State Coalition
Against Sexual Assault**
Believing. Healing. Preventing.

**2022 FEDERAL AND STATE
MENTAL HEALTH POLICY REPORT**

**Analyzing the Mental Health Plans
of the Biden and Hochul Administrations**

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About the New York State Coalition Against Sexual Assault

The New York State Coalition Against Sexual Assault (NYSCASA) is a private, non-profit coalition of community-based rape crisis programs, survivors, and survivor-supporting professionals located throughout New York State. Our mission is to end all forms of sexual violence and exploitation and address the impacts of sexual assault through an anti-oppression framework.

NYSCASA strengthens responsive services for all sexual violence survivors and works to increase effective sexual violence prevention efforts by engaging in policy analysis and legislative advocacy; providing training, consultation, and resources; supporting rape crisis programs with some pass-through funding; and collaborating with a variety of advocates, activists, survivor-supporting professionals, and other stakeholders to promote victim services and prevention efforts that are high quality, comprehensive, culturally appropriate, and widely accessible.

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NYSCASA Statement to Sexual Violence Survivors

NYSCASA emphasizes the importance of maintaining our relationships with community services and legal aid entities in strengthening the education and advocacy work that we do. To the individuals and communities that we serve: we know our work in uplifting you must be comprehensive and reflect the diversity of experiences of sexual violence survivors. Expanding equitable access to high quality mental health care for all sexual violence survivors is of utmost importance to NYSCASA.

We see both your joy and your pain along your journey outside of trauma, and your life-long path of recovery. Comprehensive mental health equity cannot be negotiable. You are owed the ability to live your life with full mental and emotional wellbeing and support towards so. Oppression is an external and internal experience, and NYSCASA is here to make sure that is reflected in state and federal policy priorities. Thank you for continuing to share with us your stories of hurt, as well as your personal triumphs.

Introduction

On March 1, 2022, the Biden Administration released a fact sheet which outlines the federal strategy the White House will be taking in “...addressing our national mental health crisis, as part of the Unity Agenda in [President Biden’s] first State of the Union.”¹ Released in close proximity to the Biden Administration’s plan was New York State Governor Hochul’s 2023 budget outline² which also addresses the mental health crisis we are witnessing across our home state.

This report from the New York State Coalition Against Sexual Assault (NYSCASA) will analyze highlighted sections of both the federal and state plans that are of significance for sexual violence survivors and survivor-supporting professionals. In this comparative analysis, we will identify the strengths and weaknesses of each plan. This report acknowledges that the Biden Administration has proposed a plan to specifically address the mental health crisis, while the Hochul Administration’s mental health plan constitutes smaller sections of the state budget. However, we believe the comparative analysis can be fairly made as both agendas should provide a substantive, detailed explanation in addressing the crisis at hand. The report concludes with NYSCASA’s recommendations for both the Biden and Hochul Administrations.

Equitable and competent mental health services have historically been inaccessible for sexual violence survivors across intersecting experiences, including domestic violence, intimate partner violence, marginalized identity violence, and gender-based violence survivors. As we make advancements on the federal and state level in addressing these systemic issues, neglect and lack of access remain. Our goal with this report is to assist in uplifting these areas for improvement while commending and continuing to support anti-sexual violence efforts of both levels of government moving forward.

The Biden Administration's Strategy to Address the National Mental Health Crisis

Strengths Present

1. NYSCASA commends the Biden Administration for acknowledging the urgent need to address mental health holistically and equitably. President Biden's plan makes clear that their inclusion and emphasis of their federal initiative must uplift the mental health needs of Black and Brown communities who are "disproportionately undertreated."

NYSCASA is pleased to see the White House taking necessary steps to uplift the mental health needs of Black and Brown communities, who are not only disproportionately undertreated, but also overwhelmingly mistreated and untreated.³ Notable steps outlined in the proposal include: funding of the Minority Fellowship Program, the Behavioral Health Workforce Education and Training Program, and the immediate push of HHS funds this Fall, 2022 (\$225 million) in increasing the number of community health professionals serving in these underserved communities; and expanding and promoting the availability of "...evidence-based community mental health services."

We are hopeful that these steps will help guide a shift away from national healthcare practices that uphold racial bias in training healthcare students and professionals, and the mental health misdiagnosis and/or lack of mental health diagnosis—and subsequent lack of appropriate treatment options and support—that many Black and Brown people experience.

2. The Biden Administration will continue to support and monitor the establishment of the national and state-implemented "988" suicide/mental health crisis hotline.

The "988" mental health response hotline passed through Congress and was signed into law by the former President in 2020.⁴ We are grateful that the current Administration will continue to make sure that the service line is properly implemented. We hope this oversight will extend into the hotline's maintenance as well. The hotline currently holds a national public usage availability date of July 16 of this year.

Through the American Rescue Plan, the Biden Administration has provided an additional \$180 million in support of the hotline's operations, specifically in supporting "...local capacity to answer crisis calls, and establish more

community-based mobile crisis response... to minimize unnecessary emergency department visits." NYSCASA would also like to emphasize that this aids in reducing law enforcement intervention in situations where their role is unnecessary, harmful, and/or deadly. We commend the Biden Administration for acknowledging the need for these operations to be community-centered and trauma-informed.

3. With this proposal, the White House is bringing much-needed emphasis on the reality that the youth mental health crisis is only getting worse. President Biden recognizes this by continuing to proceed with firm action.

Acknowledging the lack of mental health professionals in schools nationwide, the Biden Administration's mental health plan intends to double the existing number of professionals present in schools. This will be done through the continuation of relief funds (ESSER, HEERF) distributed to states, colleges/universities, and school districts directly. President Biden has added an additional \$1 billion in the FY2023 budget towards this as well. We would like to be sure that this additional funding into the budget makes a difference when added to the annual distribution of the current relief funds. By this, we mean that we would like to see further detail in the process of how these distribution of relief funds will occur, which would address our concern about the lack of detail towards federal funding distribution in the proposal.

With over \$160 billion in total relief funds distributed, we are already seeing schools reporting a "...65% increase in social workers, and a 17% increase in counselors." NYSCASA supports the current efforts from the Biden Administration to address the mental health needs of students. However, additional information is needed about how schools address mental health crises and the relationship between mental health professionals and law enforcement involvement when addressing mental health crises.

4. The White House acknowledges the need in their plan to provide "...mental health resources for justice-involved populations." They further acknowledge that "Approximately 40% of incarcerated individuals have a mental illness, yet merely one-third receive treatment."

NYSCASA commends the Biden Administration for ordering the Department of Justice to increase "funding and technical assistance" not only to correctional facilities, but also to local community services, including

"...behavioral health care, case management services, family services, and other transitional programming..." As the training and technical assistance provider to rape crisis programs that provide crisis counseling and advocacy to incarcerated survivors of sexual abuse, we are hopeful that allocating funding to community-based services will improve mental health outcomes for survivors who are incarcerated in New York State.

However, the Biden Administration's proposal does not include details about the plan, including how much funding will be allocated to this measure. We would like to see further details towards this initiative that we appreciate President Biden taking.

Concerns and Recommendations

1. While the Biden Administration promises a loan repayment to mental health professionals who are specifically committed to practicing and serving undeserved areas, including rural communities, details about how and when the loan repayments will occur are not outlined in the proposal.

NYSCASA understands and appreciates the Biden administration's emphasis on serving rural communities; the health care needs of communities in rural Upstate and Western New York have received insufficient attention for decades.⁵

The proposal lacks detail concerning the clinician loan repayments. Again, as these rural communities have experienced neglect for many years now, a concrete plan must be developed to execute this section of the investment. When our mental health professionals are taken care of, they are then able to "...improve their geographic distribution to target areas with the greatest unmet need," as the Biden Administration stated.

How and when will mental health professionals/clinicians receive loan repayments? Regarding who receives these loan repayments of clinicians working with underserved communities and areas, how is this determined and distributed? NYSCASA believes this information needs to be clearly articulated.

2. The Biden Administration's proposal for addressing the mental healthcare needs of frontline workers does not include adequate funding to address this crisis.

With a focus on our frontline healthcare workers, the Biden Administration states that they will “...invest \$135 million over three years into training health care providers on suicide prevention and behavioral health while launching an awareness campaign to address [mental health] stigmatization...”

A \$135 million investment, especially over three years (\$45 million annually) towards supporting the mental well-being of our health care workers, in addition to the major and important task of breaking down social stigma surrounding mental illness, is not nearly enough funding. The amount of funding devoted to addressing both of these issues must be reevaluated in further consideration of the startling statistics around medical professionals leaving their fields due to chronic burnout and vicarious traumatization and the high rates of suicidal ideation and completed suicide attempts of suffering health care professionals. This inadequate funding, of the same net amount, is also meant to raise awareness among the public-at-large (and those within health care fields) the wide range of mental health issues we have socially normalized to shame and ignore.

The plan to offer support to frontline workers and develop an awareness campaign should be separated into two initiatives with separate allocation plans. NYSCASA believes that adequate attention and funding should be devoted to providing mental healthcare support to frontline workers to ensure that they receive the support they need and deserve. If the allocation plans will be separated and it is not stated within the overall plan, that should be made publicly clear. Ultimately, funds allocated to this measure must increase if the awareness campaign is to have a real impact and the mental well-being of health care workers is to be sustained in the long-term.

The Biden Administration must dedicate additional funding into this specific three-year implementation of their mental health plan to properly address the matters at hand, with the goal of expanding access to high quality mental health care. NYSCASA recommends increasing the funding allocation for the full three-year period.

3. The Biden Administration’s FY2023 budget does not dedicate sufficient funding toward researching models for treating mental conditions that exist as both short-term and long-term illnesses.

NYSCASA believes that the \$5 million investment towards researching mental health treatment models will not provide adequate funding to research and implement evidence-based practices for mental health treatment to their fullest potential. This amount would not be sufficient to

implement these strategies to serve New Yorkers, let alone on a national scale. The allocated funding for this measure must be increased dramatically.

4. In the proposal, the Biden Administration does not acknowledge the heightened mental health crisis faced by LGBTQIA+ people across age demographics and other intersectional lived experiences.⁶

NYSCASA recommends the Biden Administration develop a strategy for addressing the mental health needs of LGBTQIA+ people, who are two-to-four times more likely to experience a mental health condition than cisgender and heterosexual people.⁷

5. Additional details about funding allocations and oversight are needed.

At both the state and federal levels, when mental health is addressed, it has been done so through a simultaneously broad and narrow lens of understanding (e.g. vague allocation of psychiatric hospital funding with no oversight, general allocation of substance abuse disorder funding with no further details, etc.)

The Hochul Administration's Plan to Address the Mental Health Crisis in New York State

Strengths Present

1. The Hochul Administration plans to add \$14 million over a three-year period to the NYS Office of Victims Services (OVS) victim assistance programs in response to the reduction of Federal Victims of Crime Act (VOCA) funds.

NYSCASA commends Governor Hochul's decision to boost funding where federal funding is lacking. We thank Governor Hochul for prioritizing this issue, and in the future, we would like to see the Hochul Administration and state lawmakers establish a reserve of funds that can be used when the federal government reduces funding, so decisions like these are not dependent on each state executive administration.

Though we see the Governor's funding decision as an action to place under our "Strengths Present" section of our analysis of the Hochul Administration's budget, it is an initial action that needs to be expanded. NYSCASA is requesting that the Governor and the NYS Legislature add \$25 million to this plan to go towards the same victim assistance programs.

2. NYSCASA is hopeful seeing that the NYS budgetary text identifies that housing assistance is directly related to mental health assistance and equity.

Although previous state governors' budgetary proposals made reference to relationship between mental health and housing access, this budget clearly articulates that mental health care and housing justice are in direct relationship to each other.⁸ NYSCASA appreciates this acknowledgment from the Hochul Administration, because recognizing this link saves lives.

According to the Hochul Administration's budgetary text, the "Executive Budget increases funding for mental health residential programs to assist providers with housing costs increases and establishes new teams of mental health professionals performing Critical Time Intervention (CTI) directly with homeless individuals..." This includes additional funding to the NYS Office of Mental Health (OMH) residential programs. The budget "...also provides funding to implement [the national] 988 crisis hotline, enhance crisis response services for children and families... [and] prevention,

treatment, and recovery efforts to reduce the opioid epidemic's toll... Monies to support increased housing costs and develop new housing opportunities for people with developmental disabilities are also included."

Though the budgetary text does offer further details regarding how much funding will be dedicated to supporting New Yorkers with developmental disabilities, NYSCASA commends the Hochul Administration for highlighting the mental health care and housing needs of disabled New Yorkers, and we hope to see a budgetary follow-through on the matter.

Concerns and Recommendations

1. The Hochul Administration's budget inadequately addresses ongoing funding issues with New York State's "Crime Victims Fund."

Following the reduction of funding in the Federal Victims of Crime Act (VOCA), the Hochul Administration rightfully allocated an additional \$14 million for one year to the Victims and Witness Assistance Program. While NYSCASA appreciates this response to cuts in federal funding, we believe this is the bare minimum of assistance needed to adequately support survivors of violence in New York State. We see the Governor's passing of accountability to the federal government in restoring "...awards to prior levels" neglects to consider the challenges sexual violence survivors face in New York State, especially concerning their mental and emotional wellbeing. Though the Governor should and continues to request the federal government prioritize this funding, the Governor can and should allocate additional state-level funding to victim services.

One of NYSCASA's current NYS legislative priorities is the "Fair Access to Victim Compensation Bill"⁹ which would allow victims of violence to submit mental health and/or medical professional documentation to support Office of Victim Services (OVS) compensation claims to receive much-needed funds instead of filing a police report, if the victims wish to do so. The proposed legislation acknowledges that the majority of survivors of violence do not file a report with law enforcement, especially survivors from communities that have not historically been afforded the right to safely engage with law enforcement in order to file a police report documenting the violence they experienced. Worse, law enforcement are often the perpetrators of sexual assault and rape, especially against Black and Brown people, immigrants, transgender women, sex workers, and people from other marginalized communities with intersecting lived experiences. New York State's current model of victim compensation, which requires a police

report to be considered eligible for most victims/survivors of violence, does not account for these realities. While New York State's Executive Law (Article 22, Section 31, Subdivision 1) specifies that any medical facility that provides a forensic physical examination for victims of rape and sexual assault can provide sufficient documentation for compensation eligibility, survivors and advocates have reported to NYSCASA that the Office of Victim Services has rejected compensation applications that included this documentation. This has devastating consequences for sexual violence survivors, who are burdened with the high cost of medical care and mental health care as a result of the violence they experienced.¹⁰

2. Governor Hochul's current Executive Budget Financial Plan includes a dramatic decrease in mental hygiene funding for New York State residents.

Listed directly in the FY2023 table of the Executive Budget plan, the current FY2023-FY2027 plan decreases funding for "Mental Hygiene" by a total of \$41 million. Though funding for this section increases from FY2023 to FY2024 by a total of \$23 million, a total decrease occurs of \$63 million from FY2024 to FY2027. In the summary following the mental hygiene funding table, the paragraph proceeds to only mention areas where the funding is slightly and temporarily (without mention of the funds being temporary) increasing rather than what areas the funding is being taken from (e.g. the Dwyer peer-to-peer program serving veterans increasing). This summary also references federal efforts towards addressing mental health, but frames this as though these efforts are New York State accomplishments. This is a narrowed scope of the issue at hand.

This funding decrease is unacceptable. It ignores evidence that demonstrates that high quality and accessible mental health care must be consistently maintained. More funding will be necessary to ensure that all New Yorkers will be able to access high quality long-term mental health care. The current short-term approach to funding for mental health care will threaten the lives of New Yorkers. Mental health-related tragedies are preventable, and yet they persist at alarming rates. The current funding allocation for mental hygiene must immediately be increased to account for the long-term mental health needs of New Yorkers.

3. Though not as dramatic as the cuts to funding for mental hygiene, SUNY Operating funding has also been cut in the Governor's proposal.

Of the FY2023-FY2027 Executive Budget, the Hochul Administration plans to decrease SUNY Operating funding by a total of \$20 million. First by a \$3 million decrease from FY2023-FY2024, then a cut of \$17 million from FY2024-FY2025. An annual \$83 million allocation of funds then remains stagnant from FY2025-FY2027.

NYSCASA believes that cutting funds for SUNY schools that are already struggling will cause great harm and instability among the state's universities. While the Hochul Administration's proposal intends to reduce funds to SUNY schools that would support operations at the state's colleges and universities, SUNY Presidents have been able to retain massive salaries that are in some cases double the median salary of NYS college presidents as a whole.¹¹ NYSCASA questions the decision to create temporary "...subsidy payments to fund additional full-time faculty..." when faculty positions require long-term funding and the loss of temporary subsidies will create further instability for faculty, staff, and students at SUNY schools.

The Hochul Administration's budget does not clarify whether SUNY Operating funding concerns only the physical maintenance of SUNY schools, or if health care, including mental health care, provided by SUNY schools will also be impacted. We are pleased to see specific funding in the Higher Education summary of the budget being funneled into SUNY and CUNY childcare centers, but it is unclear if any mental health equity funding will be allocated for individuals that need to take advantage of childcare services. NYSCASA cannot take a firm position on this without these details.

4. The Hochul Administration refuses to accept responsibility for funding cuts that will negatively impact New Yorkers' mental health. '

The Hochul Administration inaccurately places partial responsibility on the federal government to justify funding cuts for mental hygiene despite the reality that mental hygiene funding is not dependent on federal funding, and at the same time, the Biden Administration has proposed increases in funding for mental health initiatives.

NYSCASA believes that explanations like these need to be retracted and released with major revisions. The Hochul Administration has made budgetary decisions—namely, cuts to mental hygiene funding—that will negatively affect New York State residents that heavily rely on the same funding. We are disappointed that the Hochul Administration seeks to avoid accountability by assigning blame to the federal government.

Moving Forward

On the federal level, NYSCASA shares immense hope when seeing the Biden Administration's plan towards equitably improving access to high quality mental health care. In reference to U.S. Congressional initiatives including the implementation of the "988" emergency hotline, we are pleased to see the advocacy towards mental health will not stop at major advancements like these, but will proceed forward with more quality, accessible care towards mental well-being across the country.

There is also a clear gap regarding mental health funding when the Hochul Administration's plan is compared with that of the Biden Administration. Federal funding is being dripped down through a metaphorical into New York State resources. The pool of federal funding is present—even abundant. The Hochul Administration and the New York State Legislature must widen the funnel neck to ensure New Yorkers can access the support they need.

To provide the mental health services and resources that are desperately needed in our communities, the Governor and the Legislature must take advantage of the federal plans and guidance coming from the White House. There would be no productive reasoning behind not only cutting mental hygiene funding for New Yorkers, but also to choose to not tap into available federal support. We hope this will not be the case.

Equitable access to high quality mental health care is an intersectional issue that affects New Yorkers of many communities, identities, and demographics. NYSCASA sees the overall direction of mental health care and equity to be heading towards a brighter future. Though it will be an uphill journey, after analyzing the Biden and Hochul administrations' mental health plans, we believe the hill will become less steep. Let us progress.

Notes

¹ “Fact Sheet: President Biden to Announce Strategy to Address Our National Mental Health Crisis, as Part of Unity Agenda in His First State of the Union.” *The White House*, The United States Government, 1 Mar. 2022, <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union>.

² “Financial Plan | FY 2023 Executive Budget.” NYS Division of the Budget (DOB), <https://www.budget.ny.gov/pubs/archive/fy23/ex/fp/index.html>.

³ “Native and Indigenous Communities and Mental Health.” *Mental Health America*, <https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health>; “Black/African American Mental Health.” *NAMI*, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>; “Hispanic/Latinx Mental Health.” *NAMI*, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>.

⁴ “Text - S.2661 - 116th Congress (2019-2020): National Suicide Hotline Designation Act of 2020.” *Congress.gov*, <https://www.congress.gov/bill/116th-congress/senate-bill/2661/text>.

⁵ “Upstate New York’s Healthcare Crisis.” New York State Nurses Association, <https://www.nysna.org/upstate-new-yorks-healthcare-crisis#.YnkiHOjMJPY>.

⁶ “LGBTQI Mental Health.” *NAMI*, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI>.

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⁸ “Housing and Mental Health.” *Mental Health America*, <https://www.mhanational.org/housing>.

⁹ “NY State Senate Bill S7573.” *NY State Senate*, (Myrie/Meeks), <https://www.nysenate.gov/legislation/bills/2021/S7573>.

¹⁰ Common Justice (2022), *Eliminating Barriers to Healing: An Examination of Victim Compensation in New York State*, <https://resources.commonjustice.org/eliminating-barriers-to-healing>.

¹¹ “College President Salary in New York.” *Salary.com*, <https://www.salary.com/research/salary/benchmark/college-president-salary/ny>.