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Testimony of

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on behalf of

New York Lawyers for the Public Interest

before

The Joint Legislative Budget

Hearing on Mental Hygiene

February 13, 2024

Thank you for the opportunity to present testimony regarding the mental health provisions of the Governor's budget bill.

NYLPI commends the Governor for presenting a budget that emphasizes serving New Yorkers with mental health diagnoses. **We support the Governor's plans to enhance community-based mental health teams, access to transitional housing, youth mental health initiatives including school-based mental health clinics, diversion from the criminal justice system, insurance coverage and insurer accountability for mental health services, maternal mental health services, Olmstead planning, and access to employment.**

However, **we strongly object to the inaccurate and dangerous linkage made between people with mental health diagnoses, and violence**, which was highlighted in the preamble to the Governor's State of the State report, and underlies the wholly misguided emphasis on forced treatment. Decades of research shows that people with mental health diagnoses are no more likely to be violent than those without such diagnoses[1], and they are far more likely to be the victims of violence[2].

Forced "treatment" is not treatment at all, and it has long been rejected by health practitioners -- to say nothing of the disability community – in favor of numerous best practices that assist even those who have previously resisted treatment[3].

We similarly oppose the Governor's proposal to develop 200 in-patient psychiatric beds. The evidence supporting voluntary, community-based mental health services, over involuntary hospitalizations, could not be stronger, and we urge the Governor to forego hospital beds in favor of such services as Intensive and Sustained Engagement Teams (INSET), crisis stabilization, crisis respite, and living room drop-in services.

NYLPI specifically urges the following:

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[1] *See, e.g.,* Substance Abuse and Mental Health Services Administration (SAMSHA), "Mental Health Myths and Facts" (April 4, 2023), https://www.samhsa.gov/mental-health/myths-and-facts#:~:text=Myth%3A%20People%20with%20mental%20health,with%20a%20serious%20mental%20illness; National Alliance on Mental Illness (NAMI), "NAMI Ask the Expert: An Evidence-Based Conversation on Violence and Mental Illness" (January 18, 2024), https://www.nami.org/Support-Education/Podcasts-and-Webinars/NAMI-s-Ask-the-Expert/2024/NAMI-Ask-the-Expert-An-Evidence-Based-Conversation-on-Violence-and-Mental-Illness.

[2] *See, e.g.,* Substance Abuse and Mental Health Services Administration (SAMSHA), "Mental Health Myths and Facts" (April 4, 2023),https://www.samhsa.gov/mental-health/myths-and-facts#:~:text=Myth%3A%20People%20with%20mental%20health,with%20a%20serious%20mental%20illness.

[3] *See, e.g.,* D. Werb, *et al.*, "The Effectiveness of Compulsory Drug Treatment: A Systematic Review," International Journal of Drug Policy, Vol. 28, p. 1 (February 2016), https://www.sciencedirect.com/science/article/pii/S0955395915003588; Martin Zinkler, "Supported Decision Making in the Prevention of Compulsory Interventions in Mental Health Care," Frontiers in Psychiatry, Vol. 10, p. 137 (Mar. 29, 2019), https://pubmed.ncbi.nlm.nih.gov/30984038/; Joshua T. Jordan and Dale E. McNiel, "Perceived Coercion During Admission Into Psychiatric Hospitalization Increases Risk of Suicide Attempts After Discharge," Suicide and Life-Threatening Behavior, Vol. 50, Issue 1, p. 180 (June 4, 2019), https://pubmed.ncbi.nlm.nih.gov/31162700/; Christian G. Huber, *et al.*, "Suicide Risk and Absconding in Psychiatric Hospitals with and without Open Door Policies: A 15 Year Observational Study," The Lancet, Vol. 3., Issue 9, p. 842 (Sept. 2016), https://pubmed.ncbi.nlm.nih.gov/27477886/.

INCREASE HOSPITAL DIVERSION

NYLPI condemns the emphasis in the budget on hospital beds – especially those to be placed in the psychiatric institutions that have historically mistreated individuals with mental health diagnoses. Forced hospitalization, especially without adequate discharge plans (see below) is a recipe for disaster and far too often leads to trauma, treatment avoidance, and repeat cycles of devastating hospitalizations.

Not only is it unwise from a policy and human rights perspective, but it is fiscally imprudent to invest $60 million to create 200 new beds, when New York already has more hospitals than most states in the country. **New York must invest in voluntary mental health services to avoid the mental heath crises that result in hospitalizations and thereby greatly reduce the reliance on hospital beds.** Hospitals must be considered the treatment of last resort, and the Legislature must provide sufficient and appropriate preventative services and voluntary treatment of the sort listed in Exhibit A to this testimony.

TRANSFORM MENTAL HEALTH CRISIS RESPONSES

While her Mental Health Commissioner insightfully spearheads the Daniel's Law Taskforce to develop a much-needed non-police response to mental health crises, the Governor sadly reverts to funding a response model whose time has passed – "Crisis Intervention Training" for police officers. Police have severely injured, extensively traumatized, and brutally killed countless individuals experiencing mental health crises, and even with training are not appropriate first responders. New York must join cities across the globe, including Los Angeles, Denver, San Francisco, Albuquerque, New Haven, and Toronto, which have shunned mental health crisis responses by police, and replaced them with non-police responses led by health professionals and peers (individuals with lived mental health experience).

NYLPI urges the Legislature to pass S.2398/A.2210 -- known as Daniel's Law and named after Daniel Prude, a 41-year-old African American man who was brutally killed by police in Rochester on March 23, 2020, while experiencing a mental health crisis -- which in fact will transform the State's response to mental health crises by removing police entirely and substituting trained peers.

Daniel's Law would dramatically change public health policy in New York by creating mental health response units trained to de-escalate mental health and substance use emergencies and eliminate police as first responders.

We also urge the Legislature to fund a $2 million Daniel's Law Pilot, which will inform the efforts of the Daniel's Law Task Force that was established by the Legislature last year to study peer-led, non-police programs of the sort set forth in Daniel's Law.

IMPROVE HOSPITAL DISCHARGE PLANS

Our mental health system is sorely in need of improved hospital discharge plans to avoid the relapse-re-hospitalize cycle, but the Governor's proposal ignores this critical issue entirely. We support the following discharge planning model proposed by The Alliance for Rights and Recovery (formerly NYAPRS) :

- **A Peer To Walk Alongside You** through admission, discharge and in the community, as provided by a peer supporter per the **Peer Bridger** model that has successfully operated in New York for almost 30 years. The peer bridger model has succeeded in reducing recidivism by 71%.
- **A Place to Live,** per the evidence-based **Pathways Housing First** model that pairs housing with rent stipends and a support worker with a comprehensive Assertive Community Treatment Team.
- **A Place to Go,** notably the **Clubhouses** that are evidence-based community and employment support programs based on the 75-year-old internationally-recognized Fountain House model.

INCREASE PERMANENT HOUSING OPTIONS

We urge the Legislature to support the building of more *permanent* housing, which is key to avoiding debilitating mental health crises. Far too many New Yorkers end up relapsing, readmitted to hospitals, arrested, incarcerated, and homeless due to the lack of appropriate, permanent housing.

IMPLEMENT CRIMINAL JUSTICE REFORMS

We urge passage of Treatment Not Jail (S.2881B/A8524A), which will overhaul and expand access to mental health courts and thereby divert significant numbers of New Yorkers from jails into effective mental health treatment.

SUPPORT COMMUNITY MENTAL HEALTH AGENCY WORKFORCES

The proposed 1.5% Cost-of-Living Adjustment for the wages of workers at community mental health agencies is not tied to the Consumer Price Index for All Urban Consumers (CPI-U) and is woefully inadequate. In order to actually implement the initiatives in the Governor's proposed budget we must appropriately pay the workers who serve the disability community. **The proposed 1.5% COLA must be increased, at a minimum to 3.2%**, to align with the CPI-U and to aid the provider agencies which already face job vacancy rates of over 30%.

PROVIDE FUNDING FOR CRITICAL ADDITIONAL MENTAL HEALTH PROGRAMS AND SERVICES

We urge the Legislature to enhance successful programs that were overlooked in the Governor's budget, including **Assertive Community Treatment Teams, Certified Community Behavioral Health Clinics, Comprehensive Psychiatric Emergency Programs, Critical Time Intervention, Intensive and Sustained Engagement Teams (INSET), Peer Respite Programs, Living Room Programs, and Safe Options Supports.**

Thank you for your consideration. I can be reached at 917-804-8209 or RLowenkron@NYLPI.org, and I look forward to the opportunity to discuss amending the mental health provisions of the Governor's budget bill, as outlined above, to ensure that we are appropriately serving ALL New Yorkers.

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About New York Lawyers for the Public Interest

For nearly 50 years, NYLPI has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. We consistently prioritize advocating on behalf of individuals with mental health conditions, and we consistently fight to ensure that the rights of individuals with mental health conditions are protected by every provision of New York's Mental Hygiene Law and in every aspect of New York's service delivery system. Core to our work is the principle of self-determination for all individuals with disabilities, along with the right to access a robust healthcare system that is available on a voluntary, non-coercive basis. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. We prioritize the reform of New York's response to individuals experiencing mental health crises, and are engaged in multiple policy, education, and litigation efforts to that end.

EXHIBIT A

Community Voluntary Long-Term

Innovations for At-Risk Individuals

Residential

Crisis Respite – Intensive Crisis Residential Program: OMH program: "a safe place for the stabilization of psychiatric symptoms and a range of services from support to treatment services for children and adults. are intended to be located in the community and provide a home-like setting." https://omh.ny.gov/omhweb/bho/docs/crisis-residence-program-guidance.pdf.

Crisis Respite (shorter term and less intensive): OMH Program: "Crisis Respite Centers provide an alternative to hospitalization for people experiencing emotional crises. They are warm, safe, and supportive home-like places to rest and recover when more support is needed than can be provided at home. The Crisis Respite Centers offer stays for up to one week and provide an open-door setting where people can continue their daily activities. Trained peers and non-peers work with individuals to help them successfully overcome emotional crises. https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-respite-centers.page.

Peer Crisis Respite programs: OMH funded; Peer operated short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. Guests can stay up to seven nights, and they can come-and-go for appointments, jobs, and other essential needs. Offers a "full, customizable menu of services designed to help them understand what happened that caused their crisis, educate them about skills and resources that can help in times of emotional distress, explore the relationship between their current situation and their overall well-being, resolve the issues that brought them to the house, learn simple and effective ways to feel better, connect with other useful services and supports in the community, and feel comfortable returning home after their stay." https://people-usa.org/program/rose-houses/.

Housing First: a housing approach that prioritizes permanent housing for people experiencing homelessness and frequently serious mental illness and substance use issues. Supportive services including substance use counseling and treatment are part of the model, but abstinence or even engagement in services is not required. https://endhomelessness.org/resource/housing-first/.

Soteria: a Therapeutic Community Residence for the prevention of hospitalization for individuals experiencing a distressing extreme state, commonly referred to as psychosis. We believe that psychosis can be a temporary experience that one works through rather than a chronic mental illness that needs to be managed. We practice the approach of "being with" – this is a process of actively staying present with people and learning about their experiences. https://www.pathwaysvermont.org/what-we-do/our-programs/soteria-house/.

Safe Haven: provides transitional housing for vulnerable street homeless individuals, primarily women. "low-threshold" resources: they have fewer requirements, making them attractive to those who are resistant to emergency shelter. Safe Havens offer intensive case management, along with mental health and substance abuse assistance, with the ultimate goal of moving each client into permanent housing. https://breakingground.org/our-housing/midwood.

Family Crisis Respite: trained and paid community members with extra space in their homes provide respite for individuals who can thereby avoid hospitalization.

Living Room model: a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. health crises a calm and safe environment. The community outpatient centers are open 24 hours a day, 7 days a week and people receive care immediately. Services include: crisis intervention, a safe place in which to rest and relax, support from peer counselors; intervention from professional counselors including teaching de-escalation skills and developing safety plans, Linkage with referrals for emergency housing, healthcare, food, and mental health services. https://smiadviser.org/knowledge_post/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis.

Crisis Stabilization Centers: 24/7 community crisis response hub where people of all ages can connect immediately with an integrated team of clinical counselors, peer specialists, and behavioral health professionals, as well as to our local community's health & human service providers, to address any mental health, addiction, or social determinant of health needs. People use the Stabilization Center when they're experiencing emotional distress, acute psychiatric symptoms, addiction challenges, intoxication, family issues, and other life stressors. https://people-usa.org/program/crisis-stabilization-center/.

Parachute NYC / Open Dialogue: provides a non-threatening environment where people who are coming undone can take a break from their turbulent lives and think through their problems before they reach a crisis point. Many who shun hospitals and crisis stabilization units will voluntarily seek help at respite centers. Parachute NYC includes mobile treatment units and phone counseling in addition to the four brick-and-mortar respite centers. https://www.nyaprs.org/e-news-bulletins/2015/parachute-nyc-highlights-success-of-peer-crisis-model-impact-of-community-access.

Non-residential

Safe Options Support teams: consisting of direct outreach workers as well as clinicians to help more New Yorkers come off of streets and into shelters and/or housing**.** SOS CTI Teams will be comprised of licensed clinicians, care managers, peers, and registered nurses. Services will be provided for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period that includes multiple visits per week, each for several hours. Participants will learn self-management skills and master activities of daily living on the road to self-efficacy and recovery. The teams' outreach will facilitate connection to treatment and support services. The SOS CTI Teams will follow the CTI model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transitions. The teams will be serving individuals as they transition from street homelessness to housing. https://omh.ny.gov/omhweb/rfp/2022/sos/sos_cti_rfp.pdf.

Intensive and Sustained Engagement Team (**INSET)**: a model of integrated peer and professional services provides rapid, intensive, flexible, and sustained interventions to help individuals who have experienced frequent periods of acute states of distress, frequent emergency room visits, hospitalizations, and criminal justice involvement and for whom prior programs of care and support have been ineffective. MHA has found that participants, previously labeled "non-adherent," "resistant to treatment" or "in need of a higher level of care" and "mandated services," become voluntarily engaged and motivated to work toward recovery once offered peer connection, hope and opportunities to collaborate, share in decisions and exercise more control over their lives and their

services and supports. their treatment plans. Engaged 80% of people either AOT eligible or AOT involved. https://www.mhawestchester.org/our-services/treatment-support.

NYAPRS Peer Bridger™ program: a peer-run and staffed model providing transitional support for people being discharged from state and local hospitals, with the goal of helping people to live successfully in the community, breaking cycles of frequent relapses and readmissions. The program include inpatient and community based intensive one on one peer support groups, discharge planning, connection to community resources; provides access to emergency housing, wrap around dollars and free cell phones and minutes. https://www.nyaprs.org/peer-bridger.

NYC Mayor's Office of Community Mental Health Intensive Mobile Treatment teams: provide intensive and continuous support and treatment to individuals right in their communities, where and when they need it. Clients have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were poorly served by traditional treatment models. IMT teams include mental health, substance use, and peer specialists who provide support and treatment including medication, and facilitate connections to housing and additional supportive services. https://mentalhealth.cityofnewyork.us/program/intensive-mobile-treatment-imt.

Pathway Home™: a community-based care transition/management intervention offering intensive, mobile, time-limited services to individuals transitioning from an institutional setting back to the community. CBC acts as a single point of referral to multidisciplinary teams at ten care management agencies (CMAs) in CBC's broader IPA network. These teams maintain small caseloads and offer flexible interventions where frequency, duration and intensity is tailored to match the individual's community needs and have the capacity to respond rapidly to crisis. https://cbcare.org/innovative-programs/pathway-home/.