



Testimony before the NYS Legislative Mental Hygiene Fiscal Committee

**Mental Hygiene Budget Hearing
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The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of thousands of New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community integration
www.nyaprs.org

Good morning. Thank you to the chairs and members of the committees for this opportunity to once again submit to you the concerns of the tens of thousands of New Yorkers who are represented by the New York Association of Psychiatric Rehabilitation Services (NYAPRS).

NYAPRS represents a very unique and nationally acclaimed grassroots partnership of New Yorkers with psychiatric disabilities and the community mental health professionals who support them in upwards of 85 community-based mental health agencies located in every corner of the state.

Under this big tent, recovering people consumers and providers have come together to form a powerful alliance that has worked successfully over the past 42 years to bring the expectation of recovery for all to the center of our system, protect and expand funding for community recovery focused services and our workforce, advance peer support and human rights, fight racism and discrimination, expand access to housing, employment and transportation and help win landmark criminal justice reforms.

State mental health policy is a very personal matter for our NYAPRS community. Luke and I and a majority of our board members share a common lived experience of recovery which brings a unique passion and perspective to the concerns we bring before you today.

NYAPRS RECOMMENDATIONS

Seat at the Table

First off, it is time to see that planning and finalizing decisions should start with the input of the ultimate stakeholder, the people who rely on New York State government for critically needed services and supports.

The Seat at the Table Campaign is about changing the way mental health services are planned and delivered. It puts people "at the table" when important decisions fundamentally affecting the course of their lives get made.

The Person-Centered Mental Health Act will bring legislators, peers, and providers together to promote mental health care solutions that promote health, wellness, recovery and community success in ways that prioritize:

- Equity & Human Rights
- Social Determinants of Health
- Cost Effectiveness
- User-Rated Quality
- Scability

See more at <https://www.mhjusticeny.org/>.

Overview

In the budget proposal, Governor Hochul has given us an historic commitment of unprecedented size and scope that are intended to expand a broad continuum of services that New Yorkers with major mental health, addiction and trauma related challenges rely on, including housing, outpatient and crisis services, increased access to employment and a strengthening of mental health insurance coverage parity protections.

In over 40 years of service to our state's mental health community, I've never seen a budget of this magnitude.

At the same time, we'd like to focus on a number of additional key items:

Essential Funding Needed for Community Mental Health Agencies and our Workforce

Although we are very pleased with many of the priorities and initiatives that Governor Hochul has included in her SFY 2024 proposed Budget for mental health and substance use disorder services, we are very disappointed that it did not include an 8.5% Cost-of-Living Adjustment tied to the CPI-U (July 2022) to meet the statutory obligation of the State.

This investment is essential to realize the many initiatives in the Executive's proposed budget and to enhance access to care and needed services for New York's adults, children and families.

It's not possible to implement these bold, new initiatives when programs struggle each day now to meet their basic expenses and to recruit and retain their workforce.

We respectfully request that the Legislature work with the Governor to make the following a priority for the final enacted SFY 24 budget:

- Increase the Governor's proposed 2.5% COLA to 8.5%, to meet the statutory obligation of the State, for the mental health and substance use disorder sector, and
- Add an across-the-board rate increase for unrestricted flexible funding for licensed and/or contracted services for the adult and children's behavioral health workforce, services and supports. Totalling the lost funding from 13 broken promises of COLAs in the past comes to \$500 million we should have been afforded.

We urge the Governor and the Legislature to work together to fund an 8.5% COLA to address the extremely dire fiscal circumstances behavioral health organizations face at a time when they've never be needed more.

Housing

There is no health or recovery without stable housing. Far too many New Yorkers in need end up in seemingly endless cycles of avoidable relapses, hospital and detox readmissions, arrests and incarcerations and homelessness...or spend months needlessly waiting in extended and very expensive hospital stays but due to the lack of appropriate housing.

NYAPRS strongly supports the Governor's commitment to build 3,500 new housing units over the next 5 years, including single room occupancy, transitional stepdown, licensed apartment and supportive housing units.

These will go a long way to saving lives of vulnerable New Yorkers and the dollars of hardworking taxpayers.

Yet, in our efforts to create new housing, we must also tend to bolstering our existing housing stock. Towards those ends, we are asking for \$96.1 million in rate enhancements for existing housing units.

Hospitals

The Governor's budget proposes to put up 1,000 psychiatric beds, by increasing rates by 20% and assessing \$2,000 per day penalties on hospitals who fail to make those beds available.

We will not hospitalize our way our of the mental health crisis we face. In truth, inpatient admissions on their own have not produced successful discharge plans that would have prevented so many New Yorkers from high rates of relapse and recidivism, sometimes only days after discharge.

As one example, NYAPRS operated a peer bridger program in New York City that served a number of individuals who had been readmitted upwards of 20 times in the succeeding year. The peer bridger model has succeeded in reducing recidivism by 71%.

The cause largely lies in the very high preponderance of failed discharge plans, plans that do not fundamentally support people in great need to succeed in the community after hospitalization.

While the Governor's proposal references greater governmental oversight of hospital discharge practices and improved access to some services, our 30 years of providing services to frequent repeat users of our psychiatric hospitals have made very clear that a successful discharge plan must include:

- *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 NYAPRS has successfully operated in the City and State for almost 30 years. We don't believe in warm handoffs post discharge and have seen how a consistent,*

trusted longer term relationship with a peer bridger is essential to a successful transition.

NYAPRS Seeks a \$1.5 million allocation to launch 3 OMH peer bridger pilots associated with hospitals that show the highest rates of recidivism.

- *A Place to Live: housing that will accept not exclude you, per the **Pathways Housing First** model that pairs housing with rent stipends and a support worker with a comprehensive ACT Team.*
- ***A Place to Go: Clubhouses** are evidence based community and employment support programs based on the 75-year-old Fountain House model. New York City has committed to significant expansions of the model; we urge the legislature to fund 2 such models in upstate New York in the coming year.*

NYAPRS Seeks a \$3 million allocation to launch 3 OMH funded clubhouse programs in upstate New York.

It is important to remind ourselves that hospitals are medical facilities that provide largely medication treatment to people in acute states of distress at a cost of upwards of \$3,000 per day. New interpretations of involuntary inpatient commitments allow for admissions based on difficulty meeting food, shelter and clothing related needs, none which need to be provided in a medical facility, especially on an involuntary basis.

To regard hospitals as the treatment of last resort that they should be, state and community government must provide an array of prevention, engagement and diversionary services, including the service models we will refer to below.

Hospital Alternatives

Better answers lie in the rapid expansion of alternative **Crisis Stabilization Programs**, a one-day behavioral health urgent care that the legislature is correctly being asked to fund an additional second allocation in this year's budget.

We should also be making a major investment in community-based and **Living Room, Crisis Respite – Intensive Crisis Residential Program** and **Peer Respite** services that can serve people for upwards of another 28 days.

Low Threshold Housing

We must also build on new or recent state investments in housing models that accept people who may be experiencing symptoms or using substances:

Pathways 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. OMH

has said that the 500 SRO beds referenced above will also function as Housing First models: let's make sure this happens.

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 goal of moving each client into permanent housing.

The Governor's budget proposes to build a total of 200 beds on state hospital grounds.

NYAPRS strongly opposes proposals to take us back to the institutional policies of the past, by adding a total of 200 new beds on the grounds of state hospitals.

Non-Coercive Alternatives to Kendra's Law Involuntary Outpatient Treatment

We are very glad to see the absence of any further expansion of the involuntary treatment models that were funded in last year's budget.

In fact, we are very pleased and grateful that the Governor has funded 3 new **INSET** Model program at a total cost of \$2.8 million. This program was created here in New York 5 years ago, thanks to several allocations from Assembly Mental Health Committee Chair Gunther and deploys peer led Intensive and Sustained Engagement Teams to **voluntarily** engage people who meet all of the criteria for a Kendra's Law court ordered treatment order. See a video about the INSET program at https://youtu.be/Pjv_CEzCJuU

Thanks to the INSET model, upwards of 80% of individuals who would have otherwise gotten such an involuntary treatment order have been successfully engaged on a voluntary basis. It is our fervent hope that the Legislature will continue to fund the first such model operated by the MHA of Westchester in addition to the Governor's newly developed 3 programs.

Daniel's Law S.2398/A.2210: On March 23, 2020, Daniel Prude, a 41-year-old African American man died after being physically restrained by Rochester, New York police officers. Prude had been suffering from a mental health episode after ingesting PCP and was walking naked in the city's streets. The officers put a spit hood over his head after he began spitting. They restrained him face-down on the street for two minutes and fifteen seconds, and he stopped breathing. Prude received CPR on the scene and later died of complications from asphyxia after being taken off life support. The autopsy report ruled Prude's death a homicide

Named in his memory, Daniel's Law would dramatically change public health policy in New York state by creating mental health response units trained to de-escalate mental health and substance abuse emergencies. These teams would respond, instead of armed police officers. Teams of peer and EMT first responders would be certified by the state but driven by localities.

We believe that Daniel Prude might be alive today had a team comprised of a mental health peer and EMT been dispatched that very tragic night.

Criminal Justice Reforms

Given the very high preponderance of New Yorkers with mental health and addiction related challenges who are trapped within our criminal justice systems,

We strongly laud the Governor's proposal to double investments in alternatives to incarceration programs and triple investments in re-entry services.

Clean Slate S.211/A.1029: This legislation will automatically clear New Yorker's past convictions once individuals are eligible, e.g no further misdemeanor infractions in 3 years or felonies in 7 years. This will allow those whose convictions currently prevent them from getting certain housing, jobs, and other necessities.

Passing Clean Slate will allow those who have served their sentences, many with mental health and addiction related challenges, to truly re-integrate into the community without unnecessarily continued punishment.

Treatment Not Jail S.2881B/A8524A: This legislation will overhaul and expand mental health courts statewide. The bill would establish mental health courts in all localities in the state and expand eligibility criteria for diversion to the mental health courts to include more people in need of **mental health treatment**.

If passed, Treatment not Jail legislation would divert significant numbers of New Yorkers from jails into much more effective mental health treatment.

CONCLUSION

Throughout the past 4 decades, NYAPRS has enjoyed a close and collaborative relationship with our friends in the state legislature, who have a long tradition of initiating or approving groundbreaking new initiatives and landmark legislation on behalf of our community. We look forward to another productive year together.

Thank you for this opportunity to share our community's concerns, hopes and recommendations.