



**The Alliance
for Rights
and Recovery**
Formerly NYAPRS

Testimony before the NYS Legislative Mental Hygiene Fiscal Committee

**Mental Hygiene Budget Hearing
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Alliance for Rights and Recovery
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The Alliance for Rights and Recovery 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 mental health, addiction and trauma related challenges by promoting their recovery, rehabilitation, rights and community integration.

www.rightsandrecovery.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 our Alliance for Rights and Recovery (formerly the New York Association of Psychiatric Rehabilitation Services or NYAPRS).

BACKGROUND

I'm Harvey Rosenthal and I am a person in long term mental health recovery who has devoted the last 48 years to serving and/advocating for people with major mental health, addiction and trauma-related challenges, as a state hospital ward aid, clinician and clubhouse director and as CEO of our nationally acclaimed statewide advocacy organization for the last 30 years.

Since 1981, our organization has successfully brought the expectation of recovery for all (and not merely those considered "high functioning") to the center of our system. We have worked to protect and expand funding for community recovery focused services and our workforce, created the nationally replicated Peer Bridger model, fought racism and discrimination, helped to expand access to housing, employment and transportation and helped win landmark criminal justice reforms. In recognition of an ever-increasing role in national advocacy, media, and training and technical assistance initiatives, we rebranded ourselves as the Alliance for Rights and Recovery last July.

OVERALL FINDINGS

This year's Executive Budget proposal demonstrates once again Governor Hochul's unremitting commitment to expand the amount and impact of mental health services. The Governor possesses a very strong and sincere devotion to our community that has been very evident in the numerous events that we've attended with her over the past 12 months.

While this year's budget provides several very positive investments, it

- fails to address the crushing workforce and agency crisis that community agencies continue to face each day and
- wrongly invests \$60 million to return to past reliance on state hospital beds and programs on the grounds of state hospitals, instead of making much more successful, cost-effective and humane investments in the innovative community-based models and programs that are included below.

RECOMMENDED INITIATIVES

On the positive side, the Legislature should support major investments in Office of Mental Health financed **Housing, Crisis Services** (including stabilization centers, mobile and telephonic crisis response, and crisis residence services), **Criminal Justice Initiatives** (including Forensic Assertive Community Treatment, mental health specialists and peers in mental health courts, and transitional and community housing supports), a broad array of services for **Children and Youth, LGBTQIA+ Community services and Maternal Mental Health initiatives** (including a training program for the 988 Hotline, expansion of Training and Education for the Advancement of Children's Health (TEACH), and assistance to mothers in mental health distress during pregnancy and throughout the postpartum period).

It should also laud new **disability policy initiatives** including the commitment to issue the first Olmstead Plan in 10 years, committing the state to a program of expanding an

identified number of new housing and employment initiatives, and an expansion of the state's Medicaid Buy-in employment program.

We also urge your strong support for the Governor's proposal to **require commercial health policies to reimburse mental health and substance use disorder services at the same rate as Medicaid reimbursement.**

CALL TO ACTION

At the same time, we need the Legislature to do what they've done for all my 30 years here: to replace undesired provisions and create or expand needed measures in the Executive Budget.

UNFOUNDED ASSOCIATION WITH VIOLENCE

First off, we must address the way our community has unfairly been made a scapegoat for rising rates of violence in New York City and elsewhere in New York.

The State of the State message began with "troubled individuals commit violent acts" and is followed up by a reference to "improving public safety by addressing serious mental illness."

Yet, the research is clear that our community is responsible for as little as 4% of acts of violence and is 11 times more likely to be its victims (remember the tragic choking death of [Jordan Neely](#) in a NYC subway car last May). We need to speak out against irresponsible media coverage that primarily presents us to the public only when violence has occurred, and *causes our community to be scapegoated, stigmatized, surveilled, criminalized and coerced and to face increased dehumanization and discrimination.*

In that regard, we greatly appreciate that the Governor did not give in to calls to expand the use of overtly coercive outpatient and inpatient measures, including Kendra's Law and had the courage to approve Clean Slate legislation that will allow those who have served their sentences, many with mental health and addiction related challenges, to truly re-integrate into the community without unnecessary perpetual punishment.

COST OF LIVING ADJUSTMENT (COLA)

Our agencies and workforce continue to be in an unremitting free fall, engaged in a crushing crisis that has severely underfunded community agencies and their workforce, leaving us completely unable to attract workers to address the over 30% vacancy rate at most programs across the state and that, as a result, continuously disrupts fundamental, trusted and effective supportive relationships that are critical to supporting the recovery process. While we appreciate the 1.5% COLA in the budget, the Executive and Legislature **must take forceful action to**, at minimum meet the level commensurate with the current 3.2% Consumer Price Index.

ALTERNATIVES TO HOSPITAL EXPANSION

The Governor would spend \$60 million to create 200 new state hospital and on grounds housing that must instead be reprogrammed to favor proven community models. As we've repeatedly pointed out, more hospitals beds will only result in far more trauma than more recovery and result in countless failed discharge plans and very high rates of recidivism, homelessness and incarceration. 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.

We will not hospitalize our way out of the mental health crisis we face. Moreover, New York already operates [more state hospitals \(23\)](#) than the combined total number of state hospitals in California, Texas, Pennsylvania and Maryland.

The Legislature should either redirect the \$60 million in proposed hospital expansions or identify additional sources of funding to support the following critically important and innovative alternatives:

Early Intervention

- o The legislature should add several more [INSET](#) (Intensive and Sustained Engagement Teams) programs, a first of its kind peer-led program that has successfully engaged 83% of a cohort of individuals who might otherwise be placed on mandated outpatient treatment orders associated with Kendra's Law.

- o **Cost: \$800,000 per program.**

Diversion from Avoidable Emergency Room Visits and Inpatient Stays

- o The legislature should build on the new **one-day** behavioral health urgent care crisis stabilization center programs by expanding the number of programs that offer needed follow up with 8-28 day stays at [Peer Respite Houses](#) like those championed by [People USA](#) in the Hudson Valley and, innovative [Living Room](#) emergency room alternatives like the ones in Schenectady, Buffalo and Mamaroneck. These programs are very successful and cost effective: in fact, a [study](#) published in October 2018 found that Medicaid costs were on average \$2,138 lower per month, with 2.9 fewer hospitalizations for peer respite guests than for the comparison group.

- o **Cost: \$1 million per peer crisis respite program**

Diversion From Avoidable Arrests and Incarcerations

- o Fund a **Mental health and EMT First Responder pilot** that provides a severely needed alternative to police interventions, in the style of the over 30-year old [Cahoots](#) model that is currently championed here in New York by the [Daniel's Law Coalition](#). The 24/7 pilot can inform the efforts of a newly convened Daniel's Law Task Force that is studying programs of this kind.

- o **Cost: \$2 million per program in a city the size of Rochester.**

Discharge Plans That Work: if people are admitted we urge the legislature to fund the following essential elements of a successful discharge plan:

- o **A person to support you:** a [Peer Bridger](#): a person with lived experience of major mental health challenges and prior hospital admissions to walk beside you from admission to discharge and to provide evidence-based, community-based follow along support for 9+ months thereafter,

- o **Cost: \$830,000 per program**

- o **A place to live** that will accept individuals regardless of their level of stability or sobriety, such as [Housing First](#) beds and

- o **A place to go** like a [Clubhouse](#), [Addiction Recovery Center](#) or a job. Just as New York City is making a major \$30 million investment in expanding Clubhouse programs in the boroughs, funds should be earmarked to bring some of them back upstate, reversing a policy whereby the state closed over 30 upstate Clubhouse programs in the 2000s

- o **Cost: \$800,000 per program**

ADDITIONAL PRIORITIES

- **Pass S.1976B-B/A.1263B:** As a member of the **Treatment not Jail Coalition**, we commend the Governor's push for increasing the degree of diversion from criminal justice systems through the expansion of mental health courts. Preventing more people from cycling in and out of jails and prisons is a critically important way to reduce the criminalization of mental health, but **we must guarantee those who could benefit from this diversion are not forced into guilty pleas to do so.**

Mental Health Courts are diversionary programs which allow people with mental health challenges to access personalized recovery services to address the underlying challenges which led to their court involvement instead of being placed in prison. Those who graduate from the program have their charges dismissed and sealed. Critically, Treatment not Jail adopts a "pre-plea" model, a model increasingly embraced by treatment courts in New York and across the country. By eliminating the requirement that people plead guilty before accessing services, Treatment not Jail moves cases along expeditiously and expands eligibility to more New Yorkers.

- **Cost: \$24 Million to support expansion of state court operations**

- Urge the Hochul Administration to negotiate a Medicaid waiver **that can restore benefits to people 90 days before discharge from prisons and jails.** This could allow forensic peer supporters and others to sufficiently develop relationships as well as the discharge and follow up plans that will facilitate successful community transitions and reductions in recidivism.
- **Restore \$6.5 million cut to the Enhanced Quality of Adult Living (EQUAL) Program** that has played a major role in helping to support the quality of life of adult homes residents for over two decades. EQUAL Program funds have been used to pay for air conditioners in resident rooms, non-Medicaid transportation and trips, staff training, and recovery & rehabilitative services to help residents become more independent. Residents use it to supplement their diets with fresh fruits and vegetables. Capital improvement projects have funded washers and dryers, ice machines, ramps, and outdoor patios and gardens for resident use. It should also **restore a \$100,000 cut** that includes some funding for CIAD, the state's most prominent resident advocacy group.
- **Pass A.6839A, a bill to study the cost of implementing a retirement system for the public not for profit sector.** This bill sponsored by Assembly Mental Hygiene Chair Gunther calls for the New York State Comptroller's Office, The New York State Division of Financial Services and The New York State Department of Taxation and Finance to provide a study with relevant state agencies of the cost of supporting a pension benefit to the not-for-profit workforce.
- **Support Part AA in the Governor's Health/Mental Hygiene budget bill** that will reverse state policies that have permitted NYS licensed commercial insurance plans to reimburse agencies that are licensed, certified or registered by OASAS

and/or OMH to pay on average just 50% of the Medicaid rate for the same services. As a result, New Yorkers with commercial insurance are often unable to find a provider who can afford to take their insurance. Supporting the inclusion of Part AA in the Governor's Health/Mental Hygiene proposal is imperative as it would correct this long-standing disparity in access to services by requiring commercial insurers to pay a fair rate.

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There's **another highly significant source of funding** that the Governor and State Legislators must claim over the months ahead of next year's session.

Elsewhere in the budget, the Governor is proposing to shutter 5 state prisons. Governor Hochul should follow suit in our hospital-heavy system in the same way that we closed **5 state psychiatric hospitals** 30 years ago to create hundreds of millions of Reinvestment dollars that gave birth to the peer support and recovery sector.

Once again, New York operates **more state hospitals** (23) than the combined total number of state hospitals in California, Texas, Pennsylvania and Maryland. The Governor has regularly referenced the history we've had of state disinvestment. Now is the time to re-adopt a policy of reinvestment to make better use of precious taxpayer dollars. Moreover, closing and consolidating 5 state hospitals will allow for full staffing and services at the other state hospitals.

We must start now to prepare to close or consolidate large and largely vacant state hospital facilities that we no longer need and cannot justify.

Thank you once again for this opportunity to bring forward the concerns and recommendations of tens of thousands of New Yorkers with major mental health, addiction, and trauma-related challenges.