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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 5, 2025

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

Since New York Lawyers for the Public Interest (NYLPI) was established nearly 50 years ago, we have prioritized advocating on behalf of individuals with mental health conditions, and we have consistently fought 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.

NYLPI hails those aspects of the Governor's proposal that invest in our citizens with mental health conditions. We appreciate the proposal to increase spending on housing, services for youth, and such community-based programs as Intensive and Sustained Engagement Treatment (INSET), Peer Bridgers and Clubhouses. We are particularly pleased with the recommendation to expand the INSET program, which we have long touted as an exemplary model of voluntary mental health service delivery which is driven by "peers" (individuals with lived mental health experience) and which serves as a much-needed alternative to forced outpatient commitment. However, NYLPI urges the Legislature and the Governor to allocate even greater funding to these community-based programs and also implores allocating funding for additional voluntary programs as set forth below.

Critically, **we strongly oppose the proposed expansion of involuntary inpatient and outpatient commitment initiatives**. To be clear, we do not in any way support the failed policies of our broken mental health care system that leave at-risk individuals in unacceptable states of distress and deterioration. But forced treatment – if it even can be called treatment – is not responsive to the issue of public safety to which the Governor consistently ties it. In fact, people with mental health diagnoses are no more likely to be violent that individuals without such a diagnoses.[1] Inpatient hospitalization provides short-term care that, at best, temporarily stabilizes an individual. It does not connect them to, or provide, the mental health services and housing that are necessary for the individual to succeed in the community. In fact, all too often, involuntary inpatient and outpatient services traumatize individuals, erode trust in the system, and divert critical resources away from solutions that actually work. In- and out-patient commitment must not be the default services for individuals with serious mental illness.

In addition to harm caused by forced commitment, the Legislature and the Governor must take note of the ignoble fact that people of color are subject to highly disproportionate numbers of involuntary treatment measures. Most notably, the Office of Mental Health's own statistics as of January 10, 2025, demonstrate that over three out of five Involuntary Outpatient Commitment orders statewide, and over four out of five Involuntary Outpatient Commitment orders downstate, involve people of color.[2] There is no clearer evidence of the failure of our public mental health system to successfully serve people of color. Addressing this failure must be a priority for the government and our provider systems.

Moreover, as the New York State Comptroller has clearly stated, even if it were in New York's best interest to increase forced commitments, hospitals greatly lack the capacity to accommodate current need, let alone the increased use of involuntary commitments that have been proposed.[3]

The surest way of preventing risk to individuals with serious mental illness is through expansion of the evidence-based and community-based mental health services identified below and in Exhibit A, which will improve the care of thousands of people going forward.

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[1] U.S. Substance Abuse and Mental Health Services Administration, "Mental Health: Get the Facts," https://www.samhsa.gov/mental-health/myths-and-facts#:~:text=Myth%3A%20People%20with%20mental%20health,with%20a%20serious%20mental%20illness.

[2] N.Y.S. Office of Mental Health, "Characteristics of Recipients: Demographics," https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAOTLP%2F_portal%2FAssisted%20Outpatient%20Treatment%20Reports&Page=home#reports.

[3] N.Y.S. Comptroller, "Mental Health: Inpatient Service Capacity" (2024), https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf.

INCREASE OVERSIGHT OF CURRENT MENTAL HEALTH PROGRAMS AND ESTABLISH NON-COERCIVE ALTERNATIVES TO FORCED IN- AND OUT-PATIENT COMMITMENT

Implement Incident Review Panels. When system breakdowns result in violence and tragedy, it is critical that the State assess what went wrong and evaluate how such incidents can be prevented going forward. Incident review panels are currently authorized by Mental Hygiene Law § 31.37, but have never been implemented. Such panels should be made mandatory, and there should be public reporting of the systemic gaps and corrective actions taken.

Increase Funding for Intensive and Sustained Engagement Teams (INSET). INSET, which utilizes peer-led teams to *voluntarily* engage people who meet all of the criteria for a Kendra's Law order, has successfully ensured that more than 80% of individuals who would have received a Kendra's Law order were voluntarily engaged. It should be greatly expanded, especially in the regions which currently do not have such programs.

Increase Funding for Peer Bridger Teams. Peer Bridger teams help people successfully transition individuals with serious mental illness from state hospitals to the community by prevent high numbers of avoidable relapses and repeat readmissions, and they are an essential, but underfunded, part of discharge planning.

Expand Clubhouses. Clubhouses offer care coordination, employment support, and meaningful socialization, and should be expanded statewide.

Transform Mental Health Crisis Response. NYLPI urges the Legislature to transform the State's response to mental health crises by removing police entirely and substituting trained peers and health care workers. Daniel's Law (S.2398/A.2210) will do precisely that. We urge passage of these evidence-based bills which are 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. 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.

Increase Housing Options. We urge the Governor to build more *permanent* housing, which is key to avoiding debilitating crises. Far too many New Yorkers end up relapsing, readmitted to hospitals, arrested, incarcerated, and homeless due to the lack of appropriate, permanent housing. We strongly endorse the Pathways Housing First model that prioritizes permanent housing for people experiencing homelessness and mental illness and provides extensive supportive services including counseling and other treatment. We also endorse the Governor's proposed expansion of the Enhance the Empire State Supportive Housing Initiative (ESSHI) program but urge a further increase across the state.

Implement Criminal Justice Reforms. We urge investments in Alternatives to Incarceration (ATI) programs that address people's mental health needs and stop the revolving-door cycle into the criminal legal system, including 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 much more effective mental health treatment.

Provide Voluntary Service Enhancements. The Governor proposed $16.5 million to bolster Involuntary Outpatient Commitments and to fund enhanced voluntary service packages, which provide a voluntary alternative to Involuntary Outpatient Commitments, and are equally effective. The Legislature must restrict this funding solely to enhanced voluntary service packages, and not allow it to be used for the expansion of Involuntary Outpatient Commitments.

Expand Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (Forensic ACT) Teams. ACT and Forensic ACT provide intensive, evidence-based care to individuals with serious mental illness in the community. Research finds they reduce hospitalizations and emergency room visits and increase housing and employment, with Forensic ACT teams also reducing criminal legal system involvement, and should be expanded statewide.

Invest in, and Expand, Family Support Programs. Family Support Programs empower families to help their loved ones experiencing mental health challenges. Investments in family support are linked to significantly improved outcomes for individuals living with mental illness - from decreased visits to emergency rooms and decreases in patient hospitalizations to an increase in the individuals' willingness to engage with community mental health resources.

Support Community Mental Health Agency Workforces. The proposed 2.1% Cost-of-Living Adjustment (COLA) 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 and provide a COLA that aligns with the CPI-U.

INTEREST ON LAWYERS ACCOUNTS ALLOCATIONS

We are grateful for the Governor's proposed increase of Interest on Lawyers' Accounts (IOLA) funding and recognition of IOLA's status as a fiduciary fund, and ask that the Legislature support this allocation. In addition, we request a 30-day amendment to allocate the full $80M that IOLA requested.

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. 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/.