



Testimony before the NYS Legislative Mental Hygiene Fiscal Committee

Mental Hygiene Budget Hearing February 27, 2015

Presented by
Briana Gilmore, Director of Public Policy and Advocacy
Harvey Rosenthal, Executive Director

New York Association of Psychiatric Rehabilitation Services

On Behalf of NYAPRS Members and
The NYAPRS Public Policy Committee
Co-Chairs: Carla Rabinowitz, Ray Schwartz

NYAPRS Board of Directors
Co-Presidents: Alison Carroll, Carla Rabinowitz

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of tens 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 and rights.

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Thank you to the chairs and members of the committees for this opportunity to submit to you the concerns of the tens of thousands of New Yorkers represented by the New York Association of Psychiatric Rehabilitation Services. NYAPRS is a unique statewide partnership of New Yorkers with psychiatric disabilities and the community mental health professionals who support them in over 100 community-based mental health agencies located in every corner of the state. Over the past 34 years, we have worked together to advance their recovery, rehabilitation, rights and full community inclusion.

You may have seen our members out in great evidence on Wednesday. Throughout that day, the Capitol was filled with nearly 700 spirited mental health self and system advocates in green hats who came to urge their state legislators and Administration officials to advance policies that they identified in regional forums held last fall in Newburgh, Hempstead, Brooklyn, White Plains, Buffalo, Saranac Lake, Syracuse and Kerhonkson.

State mental health policy is a very personal matter for our NYAPRS community. Many of our members, our board members, our staff, and I all share a common personal journey of recovery from a psychiatric disability and often from substance dependence. We believe this strengthens our ability to speak to you on behalf of the thousands who we represent.

NYAPRS would like to offer the following comments and recommendations:

HOUSING

Stable, decent housing with personalized supports is fundamental to promote the health, safety, dignity and a meaningful life in the community for individuals with psychiatric disabilities, and to help prevent avoidable, costly and potentially frequent readmissions to inpatient and other institutional settings. There is no health without housing. There is no recovery without housing. There is no community integration without housing. And without appropriate financial investments, there is not enough of the right housing...and all too often any housing for far too many.

NYAPRS is advocating for both a long overdue shoring up of existing housing programs and units, as well as an increased investments in housing for homeless New Yorkers with behavioral health related disabilities.

SHORING UP THE BASE

When housing providers cannot afford to make the appropriate level of staff support available, care can suffer. When providers decline to bid on new housing initiatives because the rates are simply too low, housing options are seriously diminished while the demand only grows each year.

While New York has created more housing units than any other state, increases in funding have not kept pace with inflation over the past 25 years, leaving mental health housing programs with a \$99 million deficit, compounded by cuts of up to 43% since 1990.

The 2015-16 Executive Budget proposal includes \$10 million to assist targeted geographic areas facing high property costs in Supported Housing programs. It also includes approximately \$7 million for that part of the 2% COLA that will effect residential program staff. While this is a start in addressing the \$99 million deficit, NYAPRS joins a broad array of our colleague advocacy groups in requesting that an additional \$82 million is allocated to make these critically needed programs whole.

HOUSING FOR THE HOMELESS

It is well documented that people with psychiatric disabilities make up a disproportionately large number of homeless New Yorkers, including the record number of 60,000 homeless individuals in New York City. The trauma and other horrors of homelessness, particularly chronic homelessness, can destroy lives and families, while overburdening health, social service, and criminal justice systems.

As 700 NYAPRS members braved the bitter cold to speak with their legislators a few days ago, we could not help but think of all of our peers who remain out on the streets, freezing, hungry and homeless. Too many of us have at one time experienced this horror.

The Executive Budget proposal offers 300 state-funded NYNYIV Supportive Housing units per year over a 10-year investment but so many more units are needed! NYAPRS joins hundreds of other advocacy organizations and businesses in requesting much greater investments over the next 10 years. We need 3,000 more Supportive Housing units per year in NYC, and it is time to bring this program upstate with an additional 1,000 Supportive Housing units per year across the rest of our state. We must match the growing demand for safe and fair housing for homeless New Yorkers, particularly those experiencing increased vulnerabilities from psychiatric disabilities and substance dependence.

CRIMINAL JUSTICE REFORMS

Tragically, young people and adults with behavioral health conditions are dramatically overrepresented in the criminal justice system. This is a systemic problem that begins in the community, where New Yorkers with such disabilities are especially vulnerable to homelessness, poverty, trauma and despair. Compounded by the symptoms of their mental illnesses and addictions, they all too often come to the attention of the criminal justice system, a great deal of the time for minor or misdemeanor related infractions.

Over the past decade, NYAPRS and our colleagues have come to you for help numerous times on these issues. We were so grateful when you passed 2008 legislation limiting the use of horrific solitary confinements for prisoners with serious mental illnesses.

This year, we come to you to advocate for a five-point plan to divert our community members from needless incarceration, and to create better treatment and appropriate release options for those that have been incarcerated.

DIVERSION

The pathway to a life in the criminal justice system begins with encounters with the police. Too often, police officers have been called on to intervene in circumstances and with people in mental distress for which they have not been adequately prepared. That's why we have been backing the use of **Crisis Intervention Teams** across New York. CIT is a highly acclaimed model that matches police training with improved local systems collaboration that has been replicated in 2,700 cities across the United States, including Philadelphia, Houston, San Diego, Los Angeles and Chicago.

CIT is more than just training police about how to best understand and respond to those in severe emotional distress: it fosters a coordinated response from both criminal justice and mental health systems that are specialized for each locality, developed by bringing together local groups of consumers, families, mental health and police officials and judges together. As a result, trained officers use new skills to deescalate situations and connect people with the appropriate supports and away from avoidable incarcerations and further contact with the criminal justice system.

Last year, the Legislature approved a \$400,000 one-time only commitment that has created new CITs in:

- Auburn
- Binghamton
- Clarkstown
- Hempstead
- Newburgh
- St. Lawrence County
- Syracuse and
- Utica.

The funds for those programs will run out this March. We urge you to continue these programs and to bring this critically needed intervention to a number of other localities across the state. Accordingly, NYAPRS is seeking a \$1 million allocation to preserve and expand these programs.

Second, NYAPRS applauds the Executive proposal to '**Raise the Age**' of youthful offender status to 18. While we recognize that this momentous decision will improve the opportunities for 50,000 children every year, we also recognize the gains possible by raising the age of youthful offender status to 21. NYAPRS advocates for passage of A.5022/S.1010 to achieve this progressive step.

'TREATMENT NOT TORTURE'

Third, NYAPRS supports the **prohibition of solitary confinement** for people with psychiatric or physical disabilities by way of A.1346A. The barbaric practice of confining people with disabilities to isolation in dark concrete cells for 23 hours a day has earned NYS a condemnation from the United Nations for perpetuating human rights abuses.

DISCHARGE PLANNING

Fourth, New Yorkers with psychiatric disabilities are eight times more likely to be re-incarcerated than the rest of the population. This is all too often because they leave prisons and jails without immediate access to Medicaid and, by extension, without immediate access to the services and supports they must have to move ahead and stay out of the criminal justice system. Even though the vast majority will meet or have met Medicaid eligibility standards, they are all too often left to wait for a month or more until their Medicaid has been reestablished.

Presumptive Medicaid Eligibility will allow for appropriate discharge and community transition plans to begin at the very point of release. And the only cost for this policy will be very small amounts of state reimbursement in those instances where people don't end up meeting Medicaid eligibility standards. We have submitted proposed bill language that we hope the Mental Hygiene and Corrections committees will advance this session.

COMMUNITY SERVICES

Finally, NYAPRS hails the proposed Executive Budget's commitment for **\$22 million in new OMH funding to provide pre-discharge supports and planning**, wrap-around community-based services, and supported housing for individuals with psychiatric disabilities and/or diagnoses who are in the process of being discharged from state prisons. These funds are critically necessary to enhance appropriate discharge planning and successful reintegration into the community and to avoid an otherwise disproportionately high rate of recidivism.

Investing in this five-point plan to divert youth and adults from the criminal justice system, improve treatment and right opportunities during incarceration, and improve discharge planning and treatment access upon release will avoid needless tragedies and broken lives and families, will connect people with appropriate treatment and reduce the demands on the criminal justice system.

MEDICAID RELATED PRIORITIES

With a seat on the Medicaid Redesign Team, NYAPRS have been heavily involved in the design and development of the sweeping reforms we believe will ultimately help us achieve the Triple Aim of improving health outcomes and service quality while reducing avoidable costs. This session, we are seeking several actions that we believe will keep faith with these reforms.

TRANSITION OF BEHAVIORAL HEALTH SERVICES INTO MANAGED CARE

We urge the legislature's support for the \$5 million in the Governor's budget to fund the **Medicaid Managed Care Ombudsperson Program**. Money allocated for out-years should be frontloaded in this year's budget to allow the program to serve more people, particularly as thousands of New Yorkers will begin receiving behavioral health services through managed care for the first time, many through the new model of Health and Recovery Plans (HARPs).

We also strongly support the Executive's commitment to **preserve the \$115 million reinvestment in Medicaid Funding** to help prepare behavioral health providers to make the transition, especially to help non-Medicaid providers to develop the systems to meet Medicaid requirements.

OTHER MEDICAID INITIATIVES

NYAPRS greatly supports the Executive's proposed exemption from the Nurse Practice Act for Advanced Home Health Aides that will increase the availability of appropriate personnel to fully implement the **Community First Choice (CFC) Option**, a Federal Medicaid funding initiative that allows states to expand long term supports and services to people with disabilities in their homes and communities. The budget also provides for the reinvestment of an estimated \$300 million annual savings from CFC into community initiatives that promote greater independence and integration.

Once again, we are advocating for the **restoration of Prescriber Prevails policy to ensure** that Medicaid beneficiaries continue to get the medications that their doctors recommend and that they know will work best for them. We must stop looking to make savings by jeopardizing the health of vulnerable groups.

NYAPRS also advocates for the **restoration of the 'Enhancing the Quality of Living (EQUAL) program that** was established to improve the health and living conditions of adult home residents with psychiatric disabilities and to better prepare them for life in the community. Despite a recent court settlement, only 1% of the effected residents have been supported to leave the homes. The state should direct some of the previously approved \$30 million to help speed these transitions, rather than to eliminate this important program.

STRENGTHEN LOCAL COMMUNITY SERVICES

NYAPRS is committed to the continued investment in local services and providers that protect the rights of our members to recover in community settings. While we appreciate the Legislature's commitment to responsibly facilitate the downsizing of state psychiatric hospitals, we respectfully urge the committee to hasten the process of safely integrating wards and facilities wherever possible. Furthermore, without effective community integration and treatment access, there aren't sufficient possibilities for people to lives successfully in the community. Investing in community based services must include the sufficient compensation for the mental health workforce to ensure quality treatments.

APPROVE \$15 MILLION STATE REINVESTMENT PROGRAM

NYAPRS is strongly supportive of the Executive's proposal to reinvest an additional \$15 million from state facility bed downsizing to enhance community service offerings that help New Yorkers with psychiatric disabilities to successfully transition into their local communities from state facilities and to prevent avoidable relapses and readmissions.

This initiative will build on last year's allocation to fund a broad array of local identified priorities including crisis/respite beds, home and community-based services waiver slots

for children and youth, supported housing, mental health urgent care walk-in centers, mobile engagement teams, first episode psychosis teams and peer-operated recovery centers.

NYAPRS is also supportive of the plans to integrate the adult and children's psychiatric facilities in Western NY, especially because it will free up savings that can be used to support an additional 300 children and youth to recover in their home communities.

SPEED ADULT HOME RESIDENT TRANSITIONS TO THE COMMUNITY

In 2013, over 4,000 NYC adult home residents with psychiatric disabilities won the legal right to be offered community housing and supports as part of a state settlement with legal rights groups and the US Department of Justice. Last year, legislators approved a \$30 million investment to support the transition of downstate residents into the community. Yet, less than 50 residents have been supported to make those transitions last year. The Executive Budget proposes to increase that number to 400 in the coming year. That number is minimal, and does not reflect the scale and speed with which community transitions are possible, desired, and much needed.

APPROVE 2% COST OF LIVING ADJUSTMENT

A quality mental health workforce is essential to help promote the health and well-being of New Yorkers with psychiatric disabilities. In order to ensure that initiatives are implemented with the necessary quality and impact, individuals who provide needed services and supports to persons with mental health and substance abuse treatment needs must be paid adequately. For too many, current wages are not enough to make ends meet, forcing many to get a second job. New Yorkers with psychiatric disabilities deserve an adequately paid workforce to help them achieve recovery and dignity.

APPROVE MENTAL HEALTH TAX CHECK OFF BILL

Stigma is the top reason why 2 out of 2 people who need mental health services never seek them. Supporting a tax check off bill is recognition of the need to combat stigma for New Yorkers with mental health needs, the proceeds of which will be utilized for public awareness campaigns to work against negative stigmatization. We urge state legislators to **pass A.833/S.632** to create a tax check off bill for mental health stigma prevention.

CONCLUSION

Throughout the past 3 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.

