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Testimony to the Joint Legislative Budget Hearing  
Proposed 2023-24 NYS Budget  
Hearing on Mental Hygiene  
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Good afternoon, and thank you for the opportunity to testify to this Joint Legislative Hearing on Governor Hochul's proposed Budget for NYS Fiscal Year 2023-24. My name is Joseph Glazer, the Deputy Commissioner of the Westchester County Department of Community Mental Health. I am also Co-chair of the NYS Bar Association Task Force on Mental Health and Trauma Informed Representation.

I today look back on my more than 25 years' experience working in the behavioral health field, in roles as various as statewide nonprofit President and CEO, private practice attorney, government official, and even state senate staffer. I cherish that I have had the pleasure of working with some of the assembled legislators here over the years.

I look at my current role, working with Westchester County government and our partner nonprofits where together we are the primary provider of services at the local level. In the last five years, under the leadership of County Executive George Latimer, Westchester has made substantial strides in working toward a seamless system of care. We strive for an integrated system to ensure people with co-occurring mental health and substance misuse needs have access to the treatment services and modalities they need. And we are, every day, working towards it.

We are "Reimagining Policing", instituting a tremendous model that includes 911 Diversion and Mobile Crisis Response Teams across the county working with all 42 law enforcement agencies, as well as providing copious mental health and crisis training for not just police but all first responders. This will ultimately give us an interconnected and seamless system of behavioral health crisis diversion in Westchester.

We are working with our District Attorney, Mimi Rocah, as well as with the NYS Office of Court Administration, to build new models of criminal justice diversion, expanding our ability to redirect people from the criminal justice system to the appropriate level of care. This work improves outcomes and reduces recidivism in our communities.

We are building out substance misuse and opioid treatment and prevention programs, and working with schools to expand services in educational settings.

And, up until now, we have done all this with very little, if any, additional state funding. Rather, we have mostly managed with local funds, federal funds, Medicaid expansion, and increased efficiency in utilizing our resources. And

frankly, that has been the rule of thumb for county governments in our state in addressing the behavioral health needs of communities for many, many years.

As I look forward, I can say that this year's governor's proposed budget offers an amazing opportunity for progress. In its overarching themes and goals, it does more to address the needs of people living with behavioral health and co-occurring disorders than any single undertaking since the 1993 Community Mental Health Reinvestment Act.

As per the analysis of our statewide organization, the Conference of Local Mental Hygiene Providers, Governor Hochul's proposed budget includes broad expansion and development of services:

- Expand Residential Programs. Investing \$890 million in capital to build 2,150 new residential beds for people with mental illness who need varying levels of supports. This includes 500 new Community Residence – Single Room Occupancy (CR-SRO) beds, 900 Transitional Step-Down Beds, and 750 permanent Supportive Housing beds.
- 600 licensed Apartment Treatment beds and 750 scattered site Supportive Housing beds, for a total of 3,500 new units throughout the State.
- Budget also provides \$25 million in capital resources to develop 60 community step-down units designed to serve formerly unhoused individuals who are transitioning from inpatient care.
- Expand Outpatient Services - funding 12 new Comprehensive Psychiatric Emergency Programs, including \$60 million in capital; 42 new Assertive Community Treatment teams; eight new Safe Options Support teams, to expand the Critical Time Intervention (CTI) initiative started in 2022; 42 new Health Home Plus Care Managers; and start-up funding and operating costs for expanded clinic capacity at 20 sites.
- Expand Inpatient Bed Capacity - includes funding for the opening of 1,000 inpatient psychiatric beds which is part of a multi-year plan to increase operational capacity at mental health facilities. Added beds include 850 currently offline, inpatient psychiatric beds at public hospitals licensed under Article 28; and 150 new State-operated inpatient psychiatric beds.
- Support the Development of the 988 Crisis Hotline - the Executive Budget provides \$60 million in FY 2024, to fund the expanded crisis center network to support people contacting the 988 Crisis Hotline in New York State through call, chat, and text.
- Suicide Prevention Programs - invests \$10 million in grants to suicide prevention programs targeting high-risk youth and \$400,000 to fund

FarmNet, which works with Cornell University to support farmers and their family members.

- Increase Support for Existing Residential Programs - \$39 million in FY 2024 – for existing community-based residential programs and included legislation to extend property pass-through provisions to include OMH’s supported housing.
- Enhance Children’s Mental Health Programs – invests an additional \$12 million in the HealthySteps program and HomeBased Crisis Intervention (HBCI) teams, \$5 million for High Fidelity wrap around supports, and \$10 million to develop school-based clinics.
- Expand INSET Program - includes \$2.8 million to expand the Intensive and Sustained Engagement Treatment (INSET) program. Funding supports the creation of three new teams which will offer peer-based outreach and engagement for adults with serious mental illness. INSET helps to support recovery, reduce emergency room visits and hospitalizations, and ensures the appropriate utilization of Assisted Outpatient Treatment (AOT) orders, where possible.
- Cost Of Living Adjustment (COLA) - The Executive Budget includes a 2.5% COLA to human services providers in FY 2024. The COLA applies to voluntary operated providers of services for OPWDD, OMH, OASAS, Office of Children and Family Services (OCFS), Office of Temporary and Disability Assistance (OTDA), and the State Office for the Aging (SOFA).
  - For the Mental Hygiene agencies, this amounts to \$188.6 million (\$314.1 million including federal matching funds) for OPWDD, OMH, and OASAS voluntary operated programs, and will provide fiscal relief to providers, enabling them to offer more competitive wages to their staff to address workforce recruitment and retention issues and better support the individuals they serve. Minimum Wage.
- The Executive Budget leverages an additional \$38 million in State funds to support minimum wage increases, including indexing minimum wage to inflation, for staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS.

And while I stress that this is the greatest single proposed undertaking to address this state’s broken mental health system since Reinvestment, it comes with a caveat...

Our service providers are in a staffing crisis, and our housing providers are in a staffing and rent crisis.

Should these concomitant crises be left unaddressed, the Governor's proposed budget will effectively bring little change in our system. We will have a huge, robust system on paper, and the static inability to fill new apartments and hire employees, unless the legislature addresses the on-going woeful inadequacy of funding for our workforce and our rental allowances. These two financial deficit areas tag team to reduce the available number of residential beds and available services for people with mental health and co-occurring needs in many communities, and Westchester is among those.

Specific to my county of Westchester, the failure of state funding to grow with the needs and demands has created a substantial gap in the provision of housing and services.

Currently the Supported Housing allocation and guidelines for Westchester County provide \$1669 for a one bedroom. The median rental rate in Westchester County, is \$1796 a month for a one bedroom apartment. That means that well over 50% of available apartments are not available to our population in need. The minimal increases in rental allowance included in the last two years have proven to be insufficient to keep up with skyrocketing rental rates.

Our mental health housing programs currently have a waitlist of 750 people on the Supported Housing referral list. There are people on our waitlist for housing who have been on the list for up to five years. The average wait time for each program is:

Community Residence - 2 years

Treatment Apartment - 9 months

Supported Housing - 5 years

Beyond the overall insufficiency of the number of allocated beds, there are currently 60 vacant openings in Supported Housing because we cannot find rental apartments willing to accept the amount provided in the rental guidelines. Simply put, this means we have "residential beds" that exist on paper in our housing system, but they do not actually exist because we cannot find landlords willing to accept the rental rate. We fear that without more state funding the Governor's robust proposal will perpetuate and exacerbate this problem.

But beyond rent allocations and subsidies, staff for these programs is a huge issue. We have vacancies in all three levels of housing programming because of staffing. Workforce is now the number 1 issue for all of the Human Service nonprofits in our county. Since the beginning of COVID, our estimate is that the workforce employment vacancy rate has doubled.

Staffing levels in some of our housing programs hover below 50%, which means half the staff required to meet requisite service levels and operational needs per house or per bed simply are not there. Without sufficient staffing, beds that could help vulnerable people with the greatest needs remain empty in Westchester.

Further, we generally, across the human service system, struggle to accommodate Spanish speaking clients because our nonprofit housing partners are not sufficiently funded to be able to hire Spanish speaking staff, a skill that is currently in great demand. This applies as well to the many other primary languages in our communities.

Because of the low staff reimbursements rates, people can make more working in retail or food service, while many of our nonprofits are struggling to pay more than a fraction above the minimum wage to direct care workers.

For example, there are job titles attached to the treatment housing service continuum that require years of experience, and do not pay commensurate with those requirements.

Because of these staffing deficiencies, we have agency management staff covering overnight shifts so more people can be housed, including 2 Nonprofit Executive Directors that we know have done shift work.

Quite frankly, the Governor's proposed 2.5% COLA is insufficient to remedy this situation.

Having outlined this, there are others areas worthy of review as well. We are extremely deficient in meeting the needs of children and adolescents. Westchester, a county of a million people has a handful of youth population community residences, which providing care to children with lower level residential needs. And while we have residential treatment facilities operated by OCFS (forensic) for high needs children, there are none that are OMH licensed. Thus we lack voluntary residential services for very high needs children and adolescents anywhere in Westchester, including substance misuse.

As state government looks to increase treatment beds, we must ensure we address the needs in all populations.

One further issue that clearly needs to be reviewed is the statutory framework for those deemed to be incapacitated in assist in their own defense under Criminal Procedure Law Section 730. CPL 730 creates a statutory process by which the criminal justice system determines whether or not a defendant is competent, and if not, they are placed in a state operated forensic psychiatric hospital -- often for months. And the bill for it, up to \$1000 a day or more, is sent to the counties. It is estimated that our bill for the current year for restoration will exceed \$2 million.

But the cost is not the sole problem with CPL 730. The statute requires restoration, which is a very different function than broad-based treatment. Formerly in my private practice, I have had individuals removed from their coordinated treatment because of pending charges and their situational decompensation, and placed in state psychiatric hospitals where much of their core treatment was either discontinued or changed.

The much needed reform of CPL 730 requires a review of funding and payment, complete care, and recognizing that the roots of CPL 730 reach back to the 19<sup>th</sup> century, CPL 730 must evolve to keep up with and incorporate our modern behavioral health care system. We should be considering alternatives to the triggering of CPL 730, and allowing crisis, respite and enhanced and intensive community-based services to be utilized before a person is deemed CPL 730 incapacitated, which results in their hospitalization and long delays in the justice system. We should limit the time a person can remain in “restoration”, and more quickly determine when a person will likely never be able to participate in their own defense. And we should make it a requirement that all individuals placed in the custody of any of the “O” agency Commissioners must receive full and co-occurring competent care.

That said, I go back to a point I made earlier: In Governor Hochul’s proposed state budget, New York has been presented the best opportunity in 30 years to fix our long broken behavioral health system. We hope that this is an opportunity that is fully grasped.

Thank you, for your time and the opportunity to be heard.