Testimony before the NYS Legislative Mental Hygiene Fiscal Committee

Mental Hygiene Budget Hearing
February 6, 2017

Presented by
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On Behalf of NYAPRS Members and
The NYAPRS Public Policy Committee
Co-Chairs: Brian Hollander, Carla Rabinowitz

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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
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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 thousands of New Yorkers represented by the New York Association of Psychiatric Rehabilitation Services.

NYAPRS is a very unique and nationally acclaimed 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, consumers and providers have come together to form a powerful alliance that has worked successfully over the past 36 years to bring recovery values to the center of our system, protect and expand funding for community recovery focused services and our workforce, advance peer support and human rights and fight 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. Our members and many of our board members, our staff, and I all share a common journey of recovery which brings a unique passion and perspective to the concerns we bring before you today.

BACKGROUND

We are in the midst of one of the most vaunted Medicaid and broader health care reform transformations in the nation. Over the past few years, we have integrated behavioral health benefits within Medicaid health plans.

We have facilitated the creation of new local and regional health home and DSRIP healthcare networks aimed at helping those with the most serious conditions to reduce their use of hospital and emergency services and to improve their health and their lives.

And we are moving rapidly towards a value based environment when providers' efforts will either be rewarded or penalized for their ability to demonstrate measurable improvements in individual and community health.

New Yorkers with moderate to extensive behavioral health conditions have been a central focus of these reforms, especially because our community makes up an extremely large percentage of those who needlessly fill our hospitals and emergency rooms and our homeless shelters and correctional facilities and who die 25 years earlier than the general public.

I've been proud to serve on many of government work groups engaged in shaping these reforms, from the Medicaid Redesign Team to the Behavioral Health Work Group to the Value Based Payment Steering Committee, because the state has clearly articulated values that promote wellness and recovery, prevention and diversion and an unprecedented commitment to addressing the social determinants of health that include poverty, hunger, homeless and social isolation.

Throughout, I believed that these reforms would be building on the unique and essential expertise and innovation of our community mental health systems that have decades of experience in knowing how to engage and serve individuals with the greatest needs.

Yet, after years of hopeful and hard work, I come here today to say that our recovery sector and our workforce is as threatened as it's ever been, even as our state reforms are failing to engage and serve the very individuals we understand the best and who trust us the most.

While billions of dollars are being invested in the transformation of our Medicaid healthcare systems, a shameful trickle of dollars have been invested in helping our recovery sector to play the central role for which it was created.

While Medicaid Redesign was intended to reduce reliance on costly hospitals, it's the hospitals that are getting billions to oversee and offer care to groups that, too often, they simply don't know and don't know how to help as well as we do.

In a landmark measure, Medicaid funding has been extended to pay for recovery services yet only a handful of individuals with the most serious needs are getting access to those services.

We've seen a succession of new funding streams to build organizational infrastructure...but our sector is getting a hundred thousand or so per agency while more traditional networks are getting tens of millions.

Simply put, our state is allowing our recovery sector to fail to keep up with the rapid pace of change and to retain a quality workforce on whom successful healthcare has always relied. In doing so, they are jeopardizing the survival of some of our most important programs and organizations.

On behalf of thousands of NYAPRS members from across the state, I'd like to offer the following recommendations:

KEEPING THE PROMISE OF COMMUNITY MENTAL HEALTH!

INVESTMENTS IN COMMUNITY RECOVERY AGENCIES AND OUR WORKFORCE

The Executive Budget proposal offers our Office of Mental Health funded workforce $3 million to help move our workforce to minimum wage levels while deferring yet again our annual Cost of Living Adjustment, denying us $9 million for the coming year.

Recommendation

- NYAPRS joins our friends at the Association for Community Living in seeking $50.5 million in OMH funding per year for the next five years to support **the impact of the incremental increases to the minimum wage** that were approved during the last legislative session. In doing so, we can address the impact of the changes to the NYS-DOL rules for Exempt Employees and Overtime.

- NYAPRS urges the state to **set aside 25% of the $6+ billion in DSRIP Medicaid Waiver dollars** that are currently going primarily to hospitals and hospital led networks to help support and grow home and community based services' capacity to serve those with the greatest needs.
- Moreover, we want to work with the state to examine proposed and other strategies to **release almost $600 million in additional DSRIP Waiver funds** that have been expressly dedicated to expanding access to recovery focused home and community based services.
- NYAPRS joins our colleagues in urging that **25% of the proposed $500 million Capital Projects fund** for construction, equipment and non-bondable purposes such as debt retirement, start-up costs and non-bondable equipment be made available go to community health and behavioral healthcare providers, and that home and community based service providers are deemed eligible to receive these funds.
- **Reinvestment**: While we laud the Governor and OMH for the proposal to reinvest $11 million in savings from state hospital downsizing, **virtually none of the savings from integrated managed care initiatives** of the past and current year is going to directly expand recovery focused services. **An established percent of managed care reinvestment dollars should go to enhance and expand these essential supports, with special attention afforded to boosting capacity within peer-run agencies and clubhouse programs.**

Housing

Stable, decent housing with individualized supports is fundamental to promote the health, safety, dignity and a meaningful life in the community for New Yorkers with psychiatric disabilities, and to help prevent avoidable, costly and potentially frequent readmissions to inpatient and other institutional settings. There is no health, no recovery and no community integration without decent, stable housing.

While New York has created a significant number of housing units, increases in funding have not kept pace with inflation over the past 25 years. As a result, OMH residential programs, which include Community Residences, Treatment Apartments, Supported Housing, CR-SROs and SP-SROs have fallen more than 43% behind inflation over the past 25 years.

It should be clear that housing agencies can no longer keep pace with financial demands and human needs and to attract and retain a quality workforce who might otherwise get a much better paying job receiving a higher minimum wage at the local fast food chain.

The Executive Budget proposal provides $10 million to raise housing rates and funds 280 additional community beds.

Recommendation

- NYAPRS joins the Association for Community Living in seeking $28 million more this year to raise housing rates, recognizing that critically needed housing programs require $38 million per year for the next three years to remain sustainable.

Housing for the Homeless

Our hopes were raised high last year when the Governor made an unprecedented commitment to expand supportive housing for vulnerable groups, commitments unmatched by a long line of previous Governors. Previous commitments were guaranteed via an agreement between New York State and New York City, the NY/NY initiatives that also ensured that a substantive percentage of the beds were afforded to individuals with the most serious behavioral health conditions. We come today to urge the signing of another such agreement.

Recommendations

- We urge the Governor and Legislature to come together and sign a Memorandum of Understanding (MOU), along with reaching a final budget agreement that would allow the $2.5 billion being targeted for 6,000 new units of new supportive housing over the next five years to be released. This would be the first step in meeting the Governor's promise made last year to develop a total of 20,000 new units of supportive housing.

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.

American prisons and jails housed an estimated 356,268 inmates with extensive mental health conditions in 2012. 1 in 12 inmates with a mental health condition reported at least one incident of sexual victimization by another inmate over a six-month period. Among female inmates with a mental disorder, almost 1 in 4 are sexually victimized. Suicides and suicide attempts are common. A recent Washington State study found that 77% of prisoners who attempted suicide had a "chronic psychiatric problem," compared with a rate of 15% among the rest of the jail population

First off, I want to express our deep gratitude to the chairs and the Legislature for authorizing New York to seek federal approval to restart Medicaid 30 days before prison or jail discharge to allow for a proactive release plan and connection to appropriate community services. We greatly regret the need to withdraw this proposal for now and look forward to its resubmission later this year.

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

Crisis Intervention Teams

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.

Over the past 3 years, the legislature has committed almost $3.4 million to bring the CIT and related models to a number of jurisdictions across the state. We are extremely grateful to our mental health committee chairs Senator Ortt and Assemblywoman Gunther for their extraordinary leadership in this area and respectfully request an additional allocation for the coming year.

'HALT' the Torture in our Prisons
Pass HALT Bill Assembly 3080; Senate 3824

Imprisoned people in solitary confinement (known also as disciplinary confinement, Special Housing Units (SHU), and Keeplock) spend twenty-three to twenty-four hours a day in barren concrete cells.

Many of these individuals have mental health needs: a recent federal study found that 29% of prison inmates and 22% of jail inmates with current symptoms of serious psychological distress had spent time in restrictive housing in the past 12 months.

"Despite experiencing the ravages of psychiatric symptoms, such vulnerable prisoners are subjected to sensory deprivation, social isolation, and enforced idleness – conditions that are extremely harmful to anyone's mental health but devastating, and even life threatening, for people with psychiatric disabilities."

Further, "inmates ...assigned to solitary confinement were 3.2 times as likely to commit an act of self-harm per 1000 days at some time during their incarceration as those never assigned to solitary."

In 2008, NYAPRS joined with over 60 other groups within Mental Health Alternatives to Solitary Confinement to successfully advocate for the enactment of the SHU Exclusion Law, which put some restrictions on the placement of prisoners with serious mental illness in disciplinary confinement. Yet the torture continues for upwards of 1,000 New Yorkers with mental health conditions who spent time in 'the box' in the last year.

That's why we are once again joining with MHASC to urge your support for 'HALT' legislation sponsored by Assemblyman Jeffrion Aubry and Senator William Perkins that will end the torture for a majority of New Yorkers. This legislation will:

- Prohibit segregation of young and elderly people, people with physical or mental disabilities, pregnant women, new mothers, and LGBTQI individuals.
- End long term solitary confinement by placing a limit of 15 consecutive days and a limit of 20 total days in a 60 day period on the amount of time any person can spend in segregated confinement.
- Enhance conditions in segregated confinement, including additional out-of-cell time, congregate recreation, access to essential services, and ban orders depriving basic necessities, including restricted diets.
- Create new Residential Rehabilitation Units as a more humane and effective alternative that provides meaningful - human contact and therapeutic, trauma-informed, and rehabilitative programs.
- Require training for Residential Rehabilitation Unit staff and hearing officers, public reporting on the use of segregation and oversight of the bill's implementation.

Raise the Age

Once again, NYAPRS applauds the Executive proposal to '**Raise the Age'** of youthful offender status to 18. Children must not be treated like adults by our criminal justice systems and we urge the legislature to take action this year and to end the shameful policy of being one of only 2 states to pursue this shameful policy.

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.