



NYAPRS BUDGET AND LEGISLATIVE AGENDA FY 2019-20

**NYAPRS 22st Annual Legislative Day
Hart Auditorium, The Egg - Albany, NY
February 26, 2019**

NYAPRS Public Policy Committee Chair: Carla Rabinowitz, Community Access

NYAPRS Board of Directors Co-Presidents:
Peter Trout, Behavioral Health Services North
Jeff McQueen, Mental Health Association of Nassau County

Executive Director: Harvey Rosenthal

Since 1981, the New York Association of Psychiatric Rehabilitation Services has supported a statewide coalition of New Yorkers with psychiatric disabilities or diagnoses and community recovery providers to work together to improve services, social conditions and public policies by advancing their recovery, rehabilitation, rights and full community inclusion.

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NYAPRS 20th Annual Legislative Day Program

Tuesday, February 26, 2019
Hart Auditorium at The Egg, Albany, NY

Program Schedule

- 9:30 am Breakfast, Check-In Hart Auditorium, The Egg**
- 10:00 am Welcome:** NYAPRS Co-Presidents Jeff McQueen and Peter Trout
Public Policy Committee Chair Carla Rabinowitz
- 10:05 am NYAPRS 2019-2010 State Public Policy Priorities**
- 1. Address the Mental Health Housing Crisis! Fund OMH Housing Rate Increases**
Doug Cooper, ACL; Tiffany Monti, Federation of Organizations
 - 2. Approve a 2.9% Cost of Living Adjustment for Human Service Nonprofits**
 - Glenn Liebman, MHANYS; Phyllis Fisher, Community Access
 - 3. Support Criminal Justice Initiatives**
 - **HALT the Torture of Solitary Confinement:** Victor Pate, Doug Van Zandt, Alicia Barraza, The Campaign For Alternatives To Isolated Confinement
 - **Increase Access to Crisis Intervention Teams:** Wendy Burch, Matthew Shapiro, NAMI-NYS
 - **Restart Medicaid 30 Days Before Prison & Jail Release** Harvey Rosenthal
 - 4. Increase Access to Mental Health and Substance Use Treatment**
 - 5. Extend Funding for Intensive Voluntary Outreach and Treatment Initiative; Oppose Expansion and Permanence of Kendra's Law –** Harvey Rosenthal, NYAPRS
 - 6. Reinvesting In Local Community Mental Health Services:** Harvey Rosenthal
 - 7. Restore Prescriber Prevails Protections:** Harvey Rosenthal, NYAPRS
 - 8. Thank State Legislators and Governor Cuomo for Enactment of Legislation Prohibiting Gender Conversion Therapy:** Jamie Papapetros, NYS Psychiatric Association
- 11:05 am Featured Speakers**
- **Shelly Weizman**, Assistant Secretary for Mental Hygiene
 - **Senator David Carlucci:** Chair, Senate Mental Health and Developmental Disabilities Committee
 - **Assemblywoman Aileen Gunther**, Chair, Assembly Mental Health Committee
 - **Assemblyman Jeffrion Aubry**, NYS Assembly Speaker Pro Tempore
 - **Dr. Ann Sullivan**, Commissioner, NYS Office of Mental Health
- 11:20 am NYAPRS Annual Awards**
- **Lifetime Achievement Awards:** Sylvia Lask, Jim Cashen
 - **Public Education Award:** Liz Benjamin, Capital Tonight
- 11:40 am Role Play of Legislative Advocacy Meetings**
- 12:00 pm Lunch**
- 12:30 pm News Conference**
- 12:30 pm Capital March starting at the West Steps**
- 1:30 pm Meet with State Legislators**
- 4:00 pm Re-group at Buses, Return Home**

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HOUSING IS ESSENTIAL TO MENTAL HEALTH RECOVERY! *We Must Address the Mental Health Housing Crisis!*

Background: There is no recovery without stable housing and consistent, reliable and accessible staffing and supports.

However, while New York State has been a leader in creating new housing for people with mental health conditions, it has not provided the funding necessary to help housing agencies to keep pace with steadily increasing costs, leading to a full scale crisis where housing programs are forced to greatly struggle to attract and retain a talented workforce, resulting in high turnover and staff shortages! Further, some providers are now declining to bid on new housing initiatives because the rates are simply too low

Housing providers can receive \$7,600 to \$25,000 per person, per year, depending on housing model and geography – these levels are not enough for providers to provide quality care and to comply with their obligations under contract and regulations.

Also, by adequately funding community-based mental health housing, our taxpayers will not have to pay for the costs of much more expensive institutionalization, hospitalization, emergency care, incarceration, and homelessness.

As a very active member of the ["Bring it Home, Better Funding for Better Care"](#) campaign, NYAPRS has long been asking state leaders for increased financial support to help maintain New York's essential community-based mental health housing system.

This year's Executive budget adds only \$10 million in increases to supported housing and SRO programs.

We must now turn to our state legislators to give housing providers the funding levels they require before that system is no longer viable, putting access to basic housing and supports for many New Yorkers with major mental health conditions at serious risk.

Action: NYAPRS joins hundreds of agencies, advocates, families and faith based groups who make up the Bring It Home! Campaign in urging policy makers to:

- **Phase in \$161 million over the next 5 years.**

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A 2.9% COST OF LIVING ADJUSTMENT for the HUMAN SERVICES SECTOR

NYAPRS and our colleagues in the behavioral health and broader human services sector seek a long promised and long deferred 2.9% Cost of Living Adjustment (COLA) to address a crisis in funding that has produced unmanageable vacancy and turnover rates and agency operating challenges that jeopardize their ability to support New Yorkers with serious mental health and substance use related needs.

These funds are critical to allow our agencies to address alarming increases in deaths due to opioid use and suicide, including a growing number of attempts among children under 10 years old, and steadily mounting rates of homelessness and incarceration.

The nonprofit human services workforce is, in effect, an indirect government workforce. Given our charitable missions, nonprofits have readily stepped forward to accept this public service delivery responsibility. However, New York State has not held up its full end of the bargain.

On January 14, our coalition released a newly compiled survey that pointedly demonstrated the magnitude of their workforce crisis, showing a 35% statewide turnover rates and 14% vacancy rates for the behavioral health workforce. In New York City alone, the turnover rate was over 45%.

The entire behavioral health advocacy community stands together in support of a 2.9% COLA for the broader human services sector. Though the COLA is proposed in the budget every year, it ends up being rejected by the Executive for most of the last decade. This has resulted in a shortfall of over \$500 million dollars to our sector.

The not for profits in the behavioral health community are on the front lines every day providing housing, treatment and support to over one million New Yorkers. In order to prevent the opioid epidemic, the increase in suicide completions and the increase in homelessness and incarceration, we need the valued support of the behavioral health sector.

In addition, over 80% of the human service workforce is comprised of women and over 40% are individuals of color. Many of these individuals are working one or two additional jobs. We urge your support to insure that \$140 million is included in this year's budget to help provide the necessary funding to help support New York's human services nonprofits.

Action: We seek a \$140 million COLA back to January 1, 2019, to maintain the state's commitment to our extremely hard pressed and essential human services work force and agencies.



REFORM OUR CRIMINAL JUSTICE SYSTEM! ***Expand Funding for Crisis Intervention Teams***

Background: The pathway to a life in the criminal justice system begins with encounters with law enforcement.

Too often, police officers have been called on to intervene in circumstances with people in mental distress for which they have not been adequately prepared, too often leading to avoidable incarcerations and tragedies. **At least 25% of people who were fatally shot last year had a mental illness, according to the Washington Post.**

That's why NYAPRS has long advocated for the use of Crisis Intervention Teams (CIT) 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, state legislative leaders have heard our call and responded with \$4.8 million in onetime funds to bring Crisis Intervention Team and other diversionary models to a number of jurisdictions across the state. For example, Senate allocation went to the following communities:

- Auburn
- Binghamton
- Clarkstown
- Hempstead
- Newburgh
- Syracuse
- Utica
- Poughkeepsie
- Niagara Falls
- Kingston
- Lockport
- Saugerties
- Greece

as well as to St Lawrence, Cattaraugus, Orleans, Putnam, Broome, Dutchess, Essex, Greene, Genesee, Ontario, Seneca, Niagara, Wayne, Wyoming, Monroe and Ulster Counties.

In 2019, CIT initiatives will be extended to Steuben, Yates, Cayuga and Suffolk counties and to Amsterdam, Montgomery County.

We are extremely grateful to our mental health committee chairs Senators Ortt and Carlucci and Assemblywoman Gunther for generous support over the past 3 years, and urge the Legislature to bring another complement of critically needed CIT initiatives to a new set of jurisdictions this year.

Action: We seek a \$1.5 million allocation to bring the Crisis Intervention Team model to counties across New York.



REFORM OUR CRIMINAL JUSTICE SYSTEM! 'HALT' THE TORTURE IN OUR STATE PRISONS

Background: 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 extensive 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 the passage of SHU Exclusion Legislation in 2008 that seriously limited the number of individuals with major mental health conditions, **there are currently almost 900 people on the OMH caseload in the SHU**, according to the Correctional Association of NYS. Further, **30% of the suicides in 2014-16 happened in solitary confinement and rates of suicide attempts and self-harm were 11 times higher in solitary confinement than in the general prison population.** For the first half of 2017, the suicide attempts in SHU remain high, representing 36% of the 80 attempts occurring during January through most of June 2017.

Colorado has implemented a 15-day limit in its prisons and reduced the number of people in solitary from 1,500 to 18. HALT would similarly include a 15-day limit on solitary, and would create more humane and effective alternatives.

New York still has a higher percentage of people in solitary (5.8%) than the national average (4.4%) and much higher than states that have reformed solitary (less than 1% to 2%). HALT is the only legislation in NY that would address this problem, place total time limits on solitary, and end the torture of solitary for all people.

NYAPRS strongly urges state legislators to approve **HUMANE ALTERNATIVES TO LONG-TERM (HALT) SOLITARY CONFINEMENT ACT 'HALT' legislation** to:

- Prohibit the segregation of young and elderly people, people with intellectual, physical and mental disabilities, pregnant women and new mothers,
- End long term solitary confinement: place 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.
- Create new Residential Rehabilitation Units as a more humane and effective alternative to provide segregated confinement and one 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.

Action: Pass Assembly 3080-B (Aubrey); Senate 4784-A (Sepulveda)

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**REFORM OUR CRIMINAL JUSTICE SYSTEM!
Restore Medicaid 30 Days Prior to Prison and Jail Release**

NYAPRS is in strong support of a current proposal, referenced in this year's Executive Budget, to seek federal approval to restart Medicaid coverage to vulnerable individuals in the criminal justice system during their last 30 days of incarceration for medical, pharmaceutical, and behavioral health care coordination services.

Currently, incarcerated individuals who are Medicaid-eligible cannot receive Medicaid-covered services prior to release under current state and federal law.

As a result, these individuals often have to wait 45 days to get the medications and services that best enable them to successfully transition to the community and avoid relapse, recidivism and tragedy, including a 12-fold rise in the risk of death in the first two weeks post-release.

Last year, NYAPRS successfully joined with the Legal Action Center and other advocates to help win a change in the Social Services Law that authorized the state to seek this federal waiver.

If New York is able to gain federal authorization to implement this waiver, we will be the first state in the nation to take such a huge step in transforming the criminal justice system from a punishment to a treatment-focused model.

Action: No Legislative Action Required.

We strongly support the Administration's plan to seek federal approval to restart Medicaid coverage to individuals in the criminal justice system during their last 30 days of incarceration

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INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES

NYAPRS is extremely supportive of the Governor's proposed to ensure greater access to critically needed behavioral health services.

The passage of the new parity law will provide greater public information about Health plans and their lack of coverage of Behavioral Health Benefits through the Department of Financial Services (DFS) Web Site.

The Budget includes funding to create greater scrutiny of health plans based on the hiring of more staff at DFS and DOH who will be able to monitor plans.

The Budget also ensures that OMH will now be helping to define medical necessity standards as they apply to needed mental health services and requires that health plan mental health utilization review staff must have "subject matter expertise" in this area.

Further, the Governor also proposes to increase access to SUD and psychiatric care by:

- Increasing SUD inpatient coverage without prior health plan authorization from 14 to 21 days
- Increasing coverage for SUD outpatient treatment without prior health plan authorization from 2 weeks to 3 weeks or 14 to 21 visits
- Approving inpatient psychiatric care for youth without prior health plan authorization during the initial 14 days of treatment;
- Allowing OASAS to designate a standard utilization review tool for in State SUD treatment, versus giving plans to option of applying differing standards of service approval.
- Requiring naloxone coverage (reverses effects of opioid overdoses)
- Requiring general hospital emergency departments to have policies and procedures in place for providing medication assisted-treatment (MAT) prior to patient discharge.
- Prohibiting prior authorization for medication assisted treatment (e.g. buprenorphine (Suboxone) methadone and extended release naltrexone (Vivitrol).
- Prohibiting insurers from retaliating against providers that report insurance law violations to State agencies;
- Requiring insurers to post additional detail regarding their behavioral health provider networks (including whether or not in-network BH providers are accepting new patients);
- Prohibiting multiple co-payments per day and requires behavioral health copayments be equal to a primary care office visit and
- Requiring insurers to provide their most recent comparative analysis for insureds;

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EXPAND SPECIALIZED VOLUNTARY TREATMENT INNOVATIONS for INDIVIDUALS and FAMILIES in CRISIS Oppose Expansion And Permanence Of Kendra's Law

Background: NYS policy makers are regularly confronted with the challenge of how to best help individuals with serious mental health conditions who have not engaged in traditional treatment and who are at risk for avoidable crises, relapses, hospitalizations, incarceration and homelessness. In 1999, New York enacted Kendra's Law, which relies on mandatory outpatient treatment orders, sometimes called 'Assisted Outpatient Treatment' to coerce individuals into treatment. But what does the research on Kendra's law tell us?

No Proof That Court Orders Produce Better Results

- A 3-year study at Bellevue Hospital compared the impact of providing an enhanced, better-coordinated package of services to 2 groups, one with and one without a court mandate. Results: **"On all major outcome measures, no statistically significant differences were found between the two groups', suggesting that people do better when they are offered more and better services voluntarily.**
- Despite a NYS legislative directive to compare voluntary approaches and Kendra's Law court mandates, researchers failed to do so, conceding that they were only able to provide "a limited assessment of whether voluntary agreements are effective alternatives to initiating or continuing AOT" in their 2009 study
- In fact, a later review of that study found that **"the results do not support the expansion of coercion in psychiatric treatment."**

New York should be regarded as a national exemplar for **FIXING NOT FORCING** services that have failed to successfully engage individuals and families in crisis. Our mental health systems must not turn over our responsibilities to the courts and police and treat system failures as patient and family failures!

Last year, the Assembly approved a \$500,000 allocation to launch a new Project INSET model in Westchester County that is providing "immediate, intensive and sustained" response to people and families in crisis that is driven by the work of trained peer specialists.

The program has been taking referrals from area clinics, hospitals and correctional facilities and is helping scores of individuals who had previously not accepted community services to increase their participation, resulting in a reductions in avoidable hospital readmissions/stays and incarceration and promotion of improved health and family reunification.

Ask: NYAPRS strongly urges state legislators to:

- **Extend funding for this successful alternative to court mandated treatment by \$500,000**
- **Don't expand Kendra's Law's controversial program or make it permanent, to allow for ongoing legislative oversight of both the Law and the INSET Alternative**

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REINVESTING IN SPECIALIZED LOCAL COMMUNITY MENTAL HEALTH SERVICES

Background: The budget also keeps faith with New York’s long, progressive commitment to moving resources to best support people with more serious mental health needs to succeed in the community, in place of long or repeat stays in our state psychiatric hospitals.

In recent years, community reinvestment dollars have been used to create critically needed mobile intensive outreach teams, peer bridger and respite programs, crisis intervention, warm line and housing services for adults and children, family empowerment services, managed care transitional supports, forensic ACT team and social club services. See details at <https://www.omh.ny.gov/omhweb/transformation/>.

Towards those ends, the Executive Budget funds another annualized Community Reinvestment allocation of \$5.5 million, annualizing to \$11 million locally selected services and supports to further enhance our capability and capacity to support New Yorkers with the most serious behavioral and physical health and social needs.

Action: NYAPRS strong supports \$5.5 million in transformative service enhancements across New York State regions and localities.

RESTORE PRESCRIBER PREVAILS PROTECTIONS

Background: Prescriber Prevails policies allow prescribers to ensure that their patients are afforded the best and most effective medications they select, and not the cheapest. Many within our community require very specific medications in order to get the best results with the least degree of side effects, as regards both their behavioral and physical health related needs.

This year’s Executive Budget proposes to eliminate prescriber prevails protections in both fee-for-service Medicaid and Medicaid Managed Care for all drug classes except for atypical anti-psychotics and antidepressants. While this year’s budget contains an exemption for those mental health drugs, Medicaid members deserve equal protection around getting the medical treatment they and their prescribers choose.

NYAPRS thanks state legislators for their steadfast unwillingness to approve this policy and urges that you do that once again this year.

Action: Reject elimination of prescriber prevails protections for Medicaid beneficiaries.

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PROHIBITING GENDER CONVERSION THERAPY

NYAPRS is very grateful to state legislators and Governor Cuomo for enactment of new legislation that designates engaging in sexual orientation change efforts by mental health care professionals upon individuals under 18 years of age as professional misconduct.

The measure, which passed 57-4 in the Senate and 134 to 3 in the Assembly, made New York the 15th state to ban the controversial practice, which is widely discredited by medical and mental health organizations.

So-called sexual orientation ‘conversion therapy’ has been roundly discredited by major medical and professional organizations. We were proud to stand with the American Medical Association, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association and the National Association of Social Workers among others who have repudiated the practice.

We support the assertion that efforts to convert the sexual orientation of a minor exposes them to harmful consequences such as depression, self-loathing and suicidality.

Further in this regard, we echo our Commissioner of Mental Health, Ann Marie T. Sullivan, M.D., who has rightly stated that “homosexuality, bisexuality, or living as transgender, are not mental disorders and they should not be treated as such... we aim to protect the inalienable right of self-determination for New York youth, reducing the trauma this so-called [conversion] treatment can produce in the LGBT community, and helping to end the stigma that has been associated with being LGBT for far too long.”

NYAPRS was very pleased to join a broad array of advocacy groups in support of this landmark bill and extends our very special thanks to the law’s sponsors, Assembly Member Deborah Glick (Assembly 1046) and Senator Brad Hoylman (Senate Bill 1046).

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NYAPRS FY 2019-2020 BUDGET ADVOCACY SCRIPT

1. **Introduce** leaders and group members including if you live and vote in the legislator's district. Explain **what NYAPRS is**: a statewide coalition of consumers and providers working to promote services and policies that advance recovery, rehabilitation, rights and full community inclusion. Explain **why this is important to you** personally.
2. Refer briefly to our/your main concerns and requests for legislative action, as follows:
 - a. Hard pressed housing programs and staff are at the breaking point. We must see in an **increase in housing rates**
 - b. Stabilize our workforce and community agencies and stop high levels of turnover with a **2.9% Cost of Living Adjustment**.
 - c. **Fund Crisis Intervention Teams** to prevent avoidable arrests, **ban solitary confinement** for vulnerable groups.
 - d. **Increase access to critically needed mental health and substance use treatment**
 - e. **Continue to fund an intensive outreach program for unengaged individuals with serious mental health conditions**
 - f. **Reinvest savings from state hospital downsizing** to bring specialized recovery supports to local communities
 - g. Keep **prescribing decisions** in the hands of patients and their prescribers.
 - h. Thank you for prohibiting gender **'conversion therapy'**

Thank you for your time! Share your contact information.