Testimony to the Joint Legislative Budget Committee on Mental Health

5 February, 2021

Provided by:
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Thank you to the chairpersons and members of this committee for receiving my testimony. My name is Briana Gilmore, I'm a community mental health advocate and person with lived experience in the mental health system.

I'm submitting testimony relevant to two issues: the Executive Budget proposal to expand Assisted Outpatient Treatment(AOT) and the definition for Involuntary Commitment, and the OMH plan to eliminate funding for the Self Direction pilot program.

The committee has the opportunity to this year to make minor changes to these issues that will return meaningful, lasting impact for the mental health community. And, these changes not only advance recovery, community tenure, and independence for consumers, they also have the potential to reap significant financial savings.

Involuntary Commitment

First, I urge the committee to refuse to expand AOT and Involuntary Commitment as it's recommended in the Executive Budget. Both of these policies are extensions of mass incarceration. They are not mental health initiatives that improve access and public safety; they are policies that expand criminalization and institutionalization, and they serve to strip the rights and freedoms from New Yorkers.

A highly disproportionate number of people impacted by AOT and involuntary commitment are young Black and brown men.[1] Involuntary Commitment alone has been demonstrated through numerous studies to increase future carceral systems involvement, decrease participant trust in the mental health system, exacerbate job and education loss for participants, dissolve family structures and social supports, and cost the system more money in the future.[2]

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[1] Swartz, MS, Swanson, JW, Steadman, HJ, Robbins, PC and Monahan J. New York State Assisted Outpatient Treatment Program Evaluation. Duke University School of Medicine, Durham, NC, June, 2009

[2] Jones, Nev, PhD; Rice, Jessica, MA; Cutler, Emily. *The Impact of the Involuntary Psychiatric Hospitalization of Youth and Young Adults: Unpacking Mechanisms and Moderators*. University of Southern Florida College of Behavioral and Community Sciences Department of mental Health Law and Policy. December, 2019.

I am gravely concerned that these unprecedented attempts at expansion of involuntary commitment have been included in the budget as a way to increase the number of vulnerable people held against their will in institutions and in mandatory services in order to increase revenue for hospitals losing capital due to COVID 19.

I urge the members of the committee to familiarize themselves with peer-run respite programs and other person-centered models of care, such as Intensive Mobile Treatment (IMT) Teams, that focus on the needs of people who have long been ill-served by traditional services and can prevent a mental health crisis before it escalates. Please deny the Executive Budget provisions to enhance AOT and expand the definition for Involuntary Commitment.

Self Direction

Outside of the Executive Budget, I am requesting the committee ensure the continuation of a small pilot program in the OMH budget called Self Direction. You will be hearing a lot about Self Direction this session from advocates, providers, program participants, and eager consumers in the community who have been waiting for Self Direction for years. The reason for this enthusiasm is because the program is singularly aligned with the transformative capabilities of mental health recovery.

Self Direction increases autonomy. It builds self-reliance, financial literacy, and increases community tenure while decreasing hospitalizations and physical healthcare costs. Self Direction does this by taking a small amount of money and supporting participants to direct it to goods and services they determine will support their recovery.[3]

In its pilot stage this program is currently being run in two locations. The plan of this demonstration was to expand the service to several regions across the state, test its efficacy and cost impact, and then scale it to full implementation in managed care. OMH has yet to expand past two locations despite overwhelming programmatic success, and has yet to develop a managed care implementation trajectory, despite hiring a full-time internal staff member to solely manage that policy. Instead, the advocates who have so passionately fought for this pilot for years found out last week that the program is slated for elimination at the end of 2020.

Eliminating this life-changing pilot won't close any budget gap, and it won't advance the goals of this committee. Self Direction is exactly the direction in which our system is moving; increased independence, value-based whole-person care, and driving system expenditures to the social determinants of health that account for 90% of all healthcare costs.[4]

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[3] Cook, Judith A. et al. *Mental health Self Directed Care Financing: Efficacy in Improving Outcomes and Controlling Costs for Adults with Serious Mental Illness.* Psychiatry Journal. January 11, 2019 (web publish).

[4] Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201710c

Rather than the proposed agency plan to eliminate the program at the end of the calendar year, I urge the committee to ensure its sustained funding by extending the pilot, as is permitted in the current 1115 waiver. My goal is for Self Direction to expand into every region in the state. It is truly the model I believe more than any other can advance our mental health system at this critical time. If you would like to learn more about Self Direction and how the program can meet the needs of mental health service recipients in your district, I invite you to please reach out to me.

Thank you for receiving my testimony. I look forward to working with many of you this session to advance our shared goal to improve mental health options in our communities.