Testimony before the NYS Joint Legislative
Mental Hygiene Budget Hearing
February 5, 2021

Presented by:
Cal Hedigan, Chief Executive Officer
Community Access, Inc.

Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives

www.communityaccess.org

Thank you to the chairs and members of the committee for convening this hearing. As the CEO of Community Access, I support an organization that is one of the most progressive and rights-based supportive housing and mental health agencies in New York City. Our staff consists of more than 350 people who work daily to support thousands of individuals living with mental health concerns in accessing services and living self-determined lives in the community.

I appreciate that each of you listening today is committed to upholding the mental health needs of our community members. Stay-at-home orders and social distancing have emphasized for all of us this past year what we at Community Access have always stood by in our mission: every New Yorker has the right to a home where they are able to maintain their health and safety; every New Yorker has the right to conditions that promote well-being, self-expression, and socialization; every New Yorker benefits from the security, dignity, and sense of community that comes from meaningful work and education. Community Access helps 3,500 New Yorkers meet these needs every day.

I'm testifying today on three issues that range from sweeping budget and system reform to one of the smallest mental health programs in the state.

First, I join my colleagues from across the state in urging this committee to ensure a full restoration of the 20% state aid funding withholds dating back to July 2020. Given federal budget uncertainties, the potential for an indefinite 5% cut to state-funded services will devastate service provision in our state. The ripple effect in our community will be incalculable. A sustained 5% cut will impact every one of our tenants and participants who rely on services and supports from other community agencies in addition to ours. This compounded impact will exacerbate mental health issues and homelessness, increase physical health complications for people served by OMH, and further entrench socioeconomic disparities in our communities.

We urge this committee to fully restore the 20% in state aid funding that has been withheld from community agencies in our sector.

Second, Community Access is excited to support the Executive proposal to provide community-based options for people in emotional distress who interact with law enforcement through the authorization of Crisis Stabilization Services. Our agency has led a coalition called CCIT-NYC—Correct Crisis Intervention Today—since 2012.[1] This broad coalition envisions a reformed approach to community interventions where people with mental health conditions will be supported with service options rather than criminalized or needlessly institutionalized.

We urge the committee to uphold the Executive Budget proposal to authorize Crisis Stabilization Services with one critical caveat.

[1] Learn more about CCIT's vision for public safety in NY here: http://www.ccitnyc.org/

While we firmly support the creation of Crisis Stabilization options, Community Access is resolutely opposed to other elements of the Crisis Reform proposals. The expansions proposed to Assisted Outpatient Treatment (AOT) legislation, also known as "Kendra's Law", and lowering the bar for involuntary commitment needlessly targets people living with mental health concerns and strips them of rights and agency. We join other mental health advocates in requesting that Kendra's Law/AOT not be expanded.

We are likewise fervently opposed to expanding the definition for involuntary commitment—a broken system that, in practice, predominantly impacts young men of color and has done little to connect people with services that are truly responsive to their needs. Studies indicate that people are less trustful of the mental health system after involuntary commitment and less likely to use or comply with health services thereafter.[2]

We urge the members of the committee to familiarize themselves with peer-informed residential crisis programs, one of which Community Access operates, and other rights-based and 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 models of care and can be a valuable tool in preventing crises from developing in the first place. We believe that any involuntary commitment represents a failure of community services to meet the needs of an individual. This system failure should be rectified, not exacerbated through further actions to increase coercion and strip people of their rights.

Community Access requests that the committee modify the proposed Comprehensive Crisis Reform Legislation to support Crisis Stabilization Services but make no changes to existing language regarding AOT and Involuntary Commitments.

Finally, we request that the Self Direction program funding in the OMH budget be extended at its current level. Since 2017, Community Access has operated one of two pilot programs delivering this groundbreaking program that supports personal choice and economic empowerment in mental health recovery for hundreds of New Yorkers. We request that the committee ensures this pilot program can fulfill its original aim of a seamless transition to a robust implementation plan in partnership with managed care organizations (MCOs) across New York State.

Self Direction is the most innovative mental health program you've likely never heard of. It's the most effective method currently available to pay for the social determinants of mental and physical health. Self Direction provides the template for where we're headed as a state; a Medicaid environment where value-based payments and innovative approaches to community and home-based care can support whole-person recovery.

[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.

Moreover, the program saves money across systems by supporting participants to access the goods and services they need to stay out of the hospital, maintain social connections, set meaningful life goals related to work and education, and create livable home spaces where they can uphold COVID-19 stay-at-home orders.[3]

Initial evaluation of New York's Self Direction programs show very promising results similar to Self Direction programs across the country, including increased involvement in education activities, and increased housing stability[4]. The Community Access Self Direction participants have achieved more than 250 personal wellness goals in areas including physical and mental health, education and employment, social life, and substance use.

The opportunities created by Self Direction have been especially critical during the COVID-19 pandemic, allowing participants to remain safely engaged in their wellness goals, with examples of pandemic-related purchases including tele-therapy appointments and online art-therapy classes.

One participant reported of their experience:

> *"Self Direction is honestly revolutionary in the field of mental health… (it) caused me to think critically about what I needed to get better; then, they helped me organize and bring to fruition wellness goals, that I thought I would never reach in my lifetime, and they did it in a jiffy."*

Another participant told us:

> *"Before Self Direction, no one listened to what 'I' thought I needed to feel better. New York is changing that. Self Direction is changing that."*

Self Direction isn't just good mental healthcare; it's transformative at its root. The program cultivates the self-determination necessary for people with serious mental health concerns to access lasting recovery and obtain full community inclusion.[5]

Rather than the proposed agency plan to eliminate the program at the end of the calendar year, Community Access urges the committee to ensure its sustained funding by extending the pilot, as is permitted in the current 1115 waiver.

---

[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] Chung, Chia-Ling, PhD; Elwyn, Laura, PhD; Radigan, Marleen, PhD. *NYS Behavioral Health Self-Directed Care Pilot Program Implementation Evaluation Report.* Office of Performance Management and Evaluation, New York State Office of Mental Health. August, 2019.

[5] Reeve J, Nix G, Hamm D: *Testing models of the experience of self-determination in intrinsic motivation and the conundrum of choice*. Journal of Educational Psychology 2003; 95:375–392

Not only should Self Direction be sustained, it should be expanded into every region of the state, as originally envisioned in New York State's 1115 proposal. At this stage the program remains nimble and responsive, and Community Access is prepared and eager to work with OMH and members of this committee to find a sustainable pathway to make Self Direction a reality across New York.

There is no other Community Access program that I am more proud of in terms of its alignment with our fundamental purpose – supporting people's own choices in what they need to move forward in their lives. Self Direction is for Medicaid participants whose economic circumstances often preclude them from accessing health-enriching resources by providing funds specifically dedicated to goods and services that promote recovery. People *are* experts in their own lives and our systems need to support this truth and allow people to direct how healthcare funds are used to support them.

Thank you for hearing my testimony today. I look forward to working with the chairs and members of this committee, as well as our partners at OMH, to advance community service options and ensure providers statewide have the resources they need to offer the supports our communities rely on. If you and your staff have any questions, or if Community Access can offer direct support to members in your district, please reach out to me at chedigan@communityaccess.org or 212-780-1400, ext. 7709.