

Testimony to the Joint Legislative Budget Committee on Mental Health
Friday February 5, 2021

Provided by:
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SUBJECT: Self-Directed Care Program in New York State (SDC-NY)

Good afternoon, my name is Doug Hovey and I am the President and CEO of Independent Living, Inc. (ILI), a peer based, consumer-run and cross-disability service organization dedicated to enhancing the lives of people with mental health and substance use disorders. I also serve as a member of the *Most Integrated Setting Coordinating Council (MISCC)*. Let me begin by saying thank you for the opportunity to speak with you today on behalf of the hundreds of individuals and families we serve each year through the Self-Directed Care program funded through the NYSOMH.

I am taking this opportunity to express my concern over the proposed elimination of the **Self-Directed Care program in New York State**, an innovative and extraordinarily successful pilot program that offers a transformational alternative for New Yorkers living with serious mental illness. Since its inception in 2018, Mental Health Self-Directed Care has consistently demonstrated the efficacy of providing mental health service recipients with the opportunity to personally shape the services they receive in a manner that effectively addresses the social determinants of health and wellness that are fundamental to sustainable recovery. Moreover, Self-Directed Care is the only OMH program that offers consumers full control over the content and character of their individualized care plans. The vision has been to expand this program to managed care companies making SDC an offered service.

As one of two original participating agencies in the Self-Directed Care pilot which began in 2017, my agency's experiences have clearly evidenced significantly positive outcomes for self-directing individuals who have become actively engaged in developing their own service plans and in determining pathways to

attaining their personally defined goals for recovery, and in making the transition from chronic service dependence to independence. In-point-of-fact, this consumer directed approach has also proven successful with other disability groups including individuals with developmental disabilities and has long been offered as an alternative to placement in congregate care facilities for persons requiring long-term care.

Self-directed care uses public dollars to support people's fundamental right to choose the supportive solutions that are best matched with their personal needs and preferences. New York State's groundbreaking leadership in promulgating this approach over the past three years has profoundly changed the lives of hundreds of people living with mental illness. For a comparatively small investment this initiative has reaped bountiful returns.

Quantitative and qualitative studies of self-direction in other states have demonstrated improvements in housing, employment, quality of life, self-esteem, and other measures of well-being, often at the same or lower cost than traditional services. Our findings in New York State have echoed these results. Self-directed care has fundamentally changed how participants view their lives and their futures, provided opportunities for meaningful engagement and social connectedness, led to improvements in personal environmental conditions, self-care, and wellness, and have resulted in an enhanced mental health outlook that encourages and enables the pursuit of individually defined employment and educational goals.

Every quarter, participants and SDC staff completed an assessment of their quality of life. After 3 months we saw a significant increase in self-esteem and access to transportation. After 6 months, we saw significant improvements in 8 quality of life domains:

- Involvement in work
- Access to transportation
- Participation in community activities
- Personal relationships
- Ability to have fun and relax
- Independence
- Self-esteem

- Improved overall health including smoking cessation and weight loss

Consequently, I am urging OMH leadership to reconsider their decision to eliminate the Mental Health Self-Directed Care option, to fully recognize the inherent value and demonstrated accomplishments of this initiative, to take steps to transition this program from state to Medicaid-funding, to expand the number of Self-Directed Care sites to other areas of the state, and to involve Managed Care Organizations in the expansion effort. Self-Directed Care has not been a failed experiment but rather one that has successfully demonstrated the value of the consumers' perspective in making decisions involving their personal recovery, as well as the importance of including this option in our State's menu of supportive mental health services.

We respectfully request that NYS approve the necessary funding to continue this project for the remaining two quarters of our contract (January 1, 2022 through June 30, 2022), consistent with our current agreements, and support the expansion of the program statewide, allowing others to achieve their self-defined recovery goals.