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Testimony to

**New York State Assembly Ways and Means Committee
and New York State Senate Finance Committee**

Budget Hearing on Mental Hygiene

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Healthy Minds For A Healthy New York

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Thank you for this opportunity to present to the Assembly Ways and Means and Senate Finance Committees on issues related to mental health and the budget.

I want to welcome Assembly member Simon to her new role as Assembly mental hygiene chair and though she is no longer in the Assembly, I want to acknowledge the work of Assembly member Gunther during her long tenure as chair. She was a stalwart advocate for our community.

Speaking of stalwart advocates, I also want to thank and acknowledge the impressive work of Senator Brouk as she continues her role as Senate Mental Hygiene Chair.

My name is Glenn Liebman and I am the CEO of the Mental Health Association in New York State (MHANYS). I have been in the role for over twenty years and I have not once missed the opportunity to speak before the legislature on our issues.

Our organization is comprised of 24 affiliates in 52 counties. Most of our members provide mental health services but we are also engaged in advocacy, training and support.

I have spoken when Governor Pataki was in office, Governor Spitzer, Governor Paterson, Governor Cuomo and now Governor Hochul.

I can say with all due respect to the previous Governors, many who have contributed greatly to the mental health discussion, Governor Hochul has by far dedicated herself to the issues of mental health. She herself has said, "Mental health is the greatest challenge of our time." And she is right. She has invested in mental health more than any Governor in our history.

While incredibly impactful, the funding has not dramatically gone to one of the areas of greatest need--the workforce.

Our biggest issue remains the recruitment and retention of a quality workforce as it has been for the time I've been at MHANYS.

Workforce and Existing Provider Programs

The stark reality is that the money afforded by the State to the not-for-profit sector is incredibly low.

We ask these workers night and day to do everything, and yet we do not pay them what they are worth. With 30% turnover rate and a funding structure that relies on yearly COLAs...No wonder there are so many people that fall through the cracks of our mental health system.

We thank Governor Hochul for adding a proposed 2.1% inflationary increase in the budget. In her time as Governor, she has been more supportive of an investment than the last four Governor's combined. While laudable, that is frankly not enough.

We are urging you to take the Executive Budget's 2.1% and add 5.7% to get us to 7.8%. This includes getting to this year's CPI as well as the last several budgets which did not include the full CPI.

In addition, we urge you to support a full investment and not one that is specific to workforce. The advantage of a COLA is it creates the flexibility to defray the cost of running an agency such as cost of gas, heat and health insurance.

Our members do the hard work of government without nearly the compensation and no retirement benefits. The State benefit package is at 65%. Our sector is limited to 27-28%. **When the state workforce retires, they receive a nice pension, when our workforce retires, they receive a nice handshake.**

We urge the legislature to end this disparity and create a commission that will look at compensation strategies for our human service workforce including retirement benefits

RECOMMENDATION

- 1) Provide an additional 5.7% compensation for the human services workforce. Use the language created by the Governor to insure flexibility for agencies to utilize funding for costs of running the agencies.*
- 2) Create a Commission that looks at the human services not-for-profit agencies and addresses compensation issues to help retrain and recruit staff.*
- 3) Support Senator Brouk's legislative initiative (S377) that provides an automatic COLA in the budget every year for the not-for-profit sector.*

Involuntary Commitment and Kendra's Law

This year the Governor and several legislators have introduced proposals that would make it easier to hospitalize individuals and reform assisted outpatient treatment laws.

We agree that there have to be reforms in place to have people feel safe in their communities. Safety is paramount and these violent incidents are unconscionable but scapegoating people with mental health issues is not the answer.

Changing existing law will not change behavior. Kendra's Law has been in place for over 25 years and there have been many tweaks over the years. The reality is that it has not moved the needle around public safety.

We think there is great complexity when it comes to mental health and violence. We know that the numbers and they speak loudly that people with mental health issues are 11 times more likely to be victims of violence than perpetrators of violence. We also know that less than 3% of crimes are committed by people with mental health issues.

There are so many factors that go into someone performing an act of violence such as childhood abuse, unemployment, history of physical abuse, juvenile detention, domestic violence, housing instability, divorce and other factors.

Yet when something as tragic as the subway pushing happens, it is only about mental illness. It is an old narrative that has to change. It changes when we make the kind of decisions that save lives of people on subway trains and people with mental health issues.

The reality is that if we want to really transform the system than we have to make serious changes—many of them don't even cost a penny to implement while others have price tags attached to them. MHANYS has put forward a ten-point plan utilized to address these crises. The ten-point plan is attached at the end of the testimony.

I will briefly highlight a few of the key components of the plan:

- 1) Lack of a workforce. Work shortages have led to crisis in care and we have already documented in our recommendations. The workforce is key to individuals not falling through the cracks, to follow treatment plans, to get medication management, to allow for appropriate discharges, to get housing and to get the most appropriate services for their needs.
- 2) Discharge Plans: How many times have we heard about the terrible dilemmas outlined by hospitals and the prison system about the inability to provide decent discharges because of the lack of accessible providers.

Sadly, it is still in many ways the same as it has been for many years. If we don't give people a plan of care while they are still in the hospitals and an immediate set of provider organizations that will engage them then unfortunately that person will end up back in jail or in the emergency room.

Now to the credit of Governor Hochul, she is trying to do something about this. She has put together regulations that insist that a person is discharged from the hospital must receive more comprehensive discharge planning and, within seven days, has an immediate engagement with a provider. The issue of course will be that the funding is still not available to fully support a community services continuum for mental health care. **Further, we believe much more needs to be done regarding planning for release of persons with mental illnesses from prisons and jails.**

- 3) Community Services: Let us be clear when we talk about community services, we are not talking about an amorphous list of 'feel good' programs that sound good but mean little. Talk to a mental health association member or anyone of the community providers that are out there and they will tell you it all starts with a plan of care. A plan of care that includes housing, care management, clinic, peer and family engagement, mobile crisis teams and so much more.

A plan of care that is followed reduces violence by people with mental health issues by 15 fold. An already small number gets even smaller with appropriate services.

- 4) While there is a cost involved in the first three, there is absolutely **no** cost in an incident review panel. There is no legislation needed to create the panel because it is already in the books. (Mental Hygiene Law, section 31.37). The objective of a review panel is to review the incident

and see what systemic improvements could be made to prevent similar incidents from happening again.

Where were the faults in our system? Is it more a criminal justice issue than a mental health issue, were the services not appropriate for the person, was there not staff available for that person, was there no accountability from the state or local government, what was the role of law enforcement, and, most importantly, what could we have done differently to ensure that we close that loophole so that it doesn't happen again? We don't know the answer to these questions because there have been no incident reviews since the enactment of the legislation. That must change. We urge the Legislature to work with the Governor to open up this process and convene a group of mental health and criminal justice experts to review the terrible tragedies that have taken place recently and do a deep dive into what external and internal forces led to these awful incidents.

It is time that we utilized this legislation.

RECOMMENDATION

Urge Support for the Ten Point Plan with an emphasis on Workforce. Community Services, Discharge Planning and Incident Review Panels

Amplify the importance of having Incident Review Panels in place including the intersection between mental health and criminal justice.

The Ten Point plan is enclosed for your review.

Funding for Alternatives to Kendra's Law

Twenty-five years ago I was the first Director of the Kendra's Law program at the New York State Office of Mental Health.

Within a few months of being there, I saw a phenomenon that remains in place twenty-five years later—so called alternatives to Kendra's Law or as listed in this year's State Budget—ALR.

County officials, psychiatrists, families and hospitals saw that court orders could be both stigmatizing to the individual and costly as well. So what they decided to do was create alternatives that allowed for people to get the treatment plans they needed and the provider agency ready to take them upon discharge from the hospital or prison. Importantly, Kendra's law explicitly states that a court order must be the "least restrictive alternative" for each individual. Therefore, needed services must be provided before a court order is pursued.

We are very supportive of this proposed funding if it goes to alternatives to AOT as we have witnessed for the last 25 years. We would not be supportive if it goes toward increased forced treatment.

RECOMMENDATION

Support funding for AOT Alternatives if it goes to enhancing services for individuals that are not currently under court order.

Behavioral Health Parity

As we approach the twenty-year anniversary of the signing of New York’s mental health parity law, Timothy’s Law (2006), and over fifteen years following the enactment of the federal Mental Health Parity and Addiction Equity Act of 2008, we are profoundly dismayed that these long-standing statutory requirements have not been vigorously and effectively enforced by the State of New York. These laws require insurers and health plans to cover mental health and substance use disorder care at the same level of access and benefits as physical health, and not impose financial requirements or treatment limitations that are not more stringent than those for physical conditions.

Issues with compliance and lack of parity enforcement are inhibiting access to vital care for New Yorkers. In December, 2023, New York Attorney General Letitia James issued a report following an investigation that found 86 percent of mental health providers listed on health plans’ networks were “ghosts,” meaning they were unreachable, not-in-network, or not accepting new patients. Network adequacy for behavioral health providers is a requirement for both commercial insurers and managed care organizations under federal parity law as well as NYS Insurance Law. As the AG’s report illustrates, state actions taken to date to enforce the parity statutes have not been adequate, although we do recognize that DFS has levied \$3.1 million in fines against three insurers for non-compliance with the Parity Report Act.

The Attorney General’s report also emphasized the need for robust network adequacy standards with strict mechanisms for oversight and compliance. As a result of MHANYS advocacy as well as others, New York enacted a law in 2023 requiring DOH and DFS to promulgate network adequacy regulations for mental health and substance use disorders. Recently the agencies issued revised proposed regulations that, if finalized, would ensure in-network appointments within ten days for outpatient providers or seven days following discharge from hospital or emergency room. Also, insureds would have the ability to go out-of-network if an in-network provider is not accessible within the prescribed wait time standards. MHANYS strongly urges the final adoption of these regulations as swiftly as possible and not later than mid-August of this year, the deadline to ensure that they will become effective for policies that are issued, renewed, or modified on or after January 1, 2026.

Importantly, in the assessment of public comments on the DFS network adequacy regulations, DFS concluded that: “At this time, there are not sufficient numbers of [behavioral health] providers in the state.” Further, DFS stated that: “The department has been consulting, and will continue to consult, with OMH, OASAS, and [DOH], and at present there is not provider sufficiency. The department cannot at this time provide a date by which the determination of provider sufficiency will be made.”

These rather stunning admissions are not a surprise to those of us in the field. Therefore, we ask that there be a thorough evaluation of what actions need to be taken to ensure that, in the near future, there

will be sufficient behavioral health providers in the state to provide services to those in need. We believe that one of the actions that needs to be taken to ensure that there are adequate numbers of behavioral health providers is to finally provide an adequate inflationary increase to rates and contract payments for these providers.

We also implore DFS, DOH and OMH to be more proactive with parity enforcement, and not rely so heavily on consumer complaints, or the other actions taken to date which have clearly been inadequate. Rather, we ask that DFS, DOH and OMH undertake a systemic evaluation of both state and Federal parity requirements to ensure that these statutes, and their accompanying regulations, are fully and effectively enforced. Only the state agencies have the ability to access the confidential algorithms, policies, and procedures of the healthcare plans. Consumers and even legal advocates do not have the ability to access critical records or to fully understand precisely how plans have been apparently able to thwart the intent of these parity laws for nearly two decades. We believe it is essential that the state ramp up efforts to determine when treatment limitations, and particularly “non-quantitative treatment limitations” (NQTLs), such as prior authorization requirements, medical necessity reviews, formulary design, etc., may violate parity laws.

We are in the midst of a mental health crisis from our youth and adolescents to families to veterans. A 2024 report from the New York Health Foundation finds, “younger adults reported higher rates of poor mental health than any other age group.” The crisis is across all demographics and age groups with the New York Health Foundation finding “Hispanic New Yorkers have consistently reported higher rates of poor mental health compared with other racial/ethnic groups from 2020 to 2024.” Unfortunately, the lack of parity law compliance has contributed to the mental health and substance disorder crisis for these persons with behavioral health challenges in the state.

RECOMMENDATION

New York State should strictly enforce parity laws that are already on the books.

- State and federal parity laws have been in the books for nearly two decades and the State has legal obligations to enforce both state and federal laws. The parity laws are intricate, and the average consumer has no way to completely access and understand the algorithms, policies and practices of insurers to implement, or to bypass, these legal requirements. Only the state oversight agencies have the knowledge, access to records and ability to fully enforce these laws.

At a time when mental health treatment needs for New Yorkers have never been more critical, it is essential that the state agencies use their broad authority to enforce these laws.

Youth and Teen Mental Health First Aid

To the credit of Governor Hochul and Commissioner Sullivan, they have been incredible supporters of Teen and Youth Mental Health First Aid. I never thought in my lifetime that I would hear a Governor say Teen Mental Health First Aid in her State of the State. Remarkable.

Why from our perspective it is remarkable is that at MHANYS we have worked on MHFA for the last fifteen years. We have witnessed firsthand the efficacy of the training.

The training has been used by millions of people around the country as a crisis response to individuals in need as well as a literacy tool for people to better understand mental health issues.

Youth MHFA is for parents, family members, caregivers, teachers and front facing agencies that work with young people. The training is used to help young people between 12-18 years old experiencing a mental health crisis or addiction challenge.

Teen MHFA is designed for young people between the ages of 14-18 so they can identify, respond and understand signs of mental health and substance use challenges in their friends and peers.

MHANYS with the support of the New York State Office of Mental Health has currently been implementing this program and have trained over 4000 people in the past year.

RECOMMENDATION

We urge the legislature to continue to support the ten million dollars allocated in the Executive Budget but in addition, we urge you to support the Governor's commitment to add \$1.5 million on top of that funding.

Mental Health Training for Teachers and School Personnel

Legislation signed into law in 2016 requires all schools in New York State to teach students in grades K-12 about mental health from a mental health literacy perspective as part of the school health curriculum. Teachers and other school personnel, however, are not currently required to have any training in mental health.

The need for mental health training is undeniable. Anxiety and depression (among other mental illnesses) are rising among school-age youth. According to NIMH the lifetime prevalence rates of mental illness among 13 to 18 year olds is 21% with severe impact and 46% with mild, moderate or severe impact. Therefore, nearly half of youth in this age range has experienced some level of mental health challenge. Left untreated, these conditions can result in poor academic performance, substance use and addiction, legal problems and most tragically, self-harm and suicide. In fact, the suicide rate among youth has risen by 56% between 2007 and 2016.

The COVID-19 Pandemic has exacerbated these challenges adding additional stress to schools' capacity to meet the mental and emotional health needs of students. Closed school buildings, social distancing and adaptation to virtual learning stress students, teachers and parents. The Pandemic has created an unprecedented need for mental health literacy throughout the school body.

As students begin to learn more about mental health it is vital that teachers, administrators and school support personnel have similar training. A shared knowledge of mental health across the school community helps promote a school culture and climate of wellness that benefits everyone in schools as well as families and the community at large. MHANYS recommends that educators receive, at minimum,

three hours of mental health training per year. This training will prepare them to handle the rising mental health crisis among our youth and take steps to address mental health concerns among their students.

RECOMMENDATION

Support the Teacher Mental Health Training Bill sponsored by Assembly member Kelles (A.3041) and Senator Fernandez (S.3627).

Support an additional \$500,000 in the budget to expand the School Mental Health Resource and Training Center to respond to the needs of teachers and other school staff in request for in person trainings. There is funding in the SED budget that we believe can move to this pay for this funding. We just need legislative support to make this happen.

Mental Health and Colleges

The mental health of college students has been steadily deteriorating for two decades, reaching alarming levels of depression and anxiety during and after the COVID pandemic. In fact, there's evidence of a college mental health crisis dating back to at least 2007. Data from an April of 2022 Active Minds study showed a 135% increase in depression and 110% increase in anxiety among college students between 2013 and 2021, and in 2021 60% of college students met the criteria for one or more mental health conditions.

This crisis is not limited to college students, but pervades the mental health and wellness of the whole college, including faculty, staff and students. More than half of college faculty report signs of professional burnout with 40% considering leaving their current jobs as a result of COVID changes. While stress was high at the onset of the pandemic, research has found that faculty anxiety appears to be increasing, with more faculty reporting peak stress now than at the beginning of the pandemic.

There are two ways to immediately support the mental health needs of colleges. First, targeted training is needed to raise mental health literacy on campuses tailored to the unique needs of students, faculty and staff. In addition, colleges need resources to improve their policies and practices for responding to student mental health challenges (i.e., whole health parity). These policies include, but aren't limited to, leave of absence and return to campus policies, as well as policies for suicide prevention, intervention and postvention. These approaches mirror provisions of settlement agreements reached in two separate lawsuits (i.e., Stanford and Yale Universities) related to student mental health and disability rights.

RECOMMENDATION

MHANYS recommends the passage of S.1008 (Brouk) in the Senate, and the introduction and passage of this legislation in in the Assembly.

First Responder Peer Support

MHANYS recognizes the critical importance of addressing the mental health needs of our first responders.

First responders, including firefighters, police officers, emergency medical services personnel, dispatchers and others, routinely face highly stressful and traumatic situations as they fulfill their duties to protect and serve our communities. The nature of their work exposes them to traumatic events, loss, and constant pressure, which can have profound effects on their mental well-being.

It is imperative that we acknowledge the unique challenges faced by first responders and take concrete steps to support their mental health.

The establishment of a standardized First Responder Peer Support Program is crucial. Peer support programs have been shown to be highly effective in providing first responders with the tools, resources, and emotional support they need to cope with the stresses of their profession. By connecting first responders with trained peers who have shared experiences, these programs create a safe and understanding environment where individuals can seek help without fear of stigma or judgment.

Confidentiality protections are a critical component in these programs. We need to ensure that first responders feel comfortable seeking support without concerns about their privacy or professional repercussions. This aspect is crucial in fostering trust and encouraging participation in these programs.

MHANYS has seen firsthand the impact that unaddressed mental health issues can have on the well-being and effectiveness of our communities, specifically first responders. By implementing a First Responder Peer Support Program, we can proactively address these challenges and provide our frontline heroes with the support they need and deserve.

RECOMMENDATION

Support the reintroduction of A.7552-A (Burdick)/S.7079-A (Harckham) in the present legislative session, which would create a First Responder Peer Support Program.

MHANYS' HERO Program for First Responders

The goal of the Helping Every Responder Overcome (HERO) program is to create a statewide network of first responders with a standardized level of training who speak the same language around mental health literacy, substance misuse, suicide prevention, and resilience. This creates a backbone of pre and postvention resources throughout the state. Placing a certified MHANYS HERO Resilience Officer on staff creates not only direct access to support and resources, but increases accountability in a culturally supportive way. It teaches Mental Health First Aid (Fire/EMS, Public Safety, Corrections, Military, Veterans and Family Members and Adult), SafeTALK suicide prevention, Science of Addiction and Recovery, and FBINAA Resilience Officer Training. MHANYS HERO tracks impact using Resilience Officer Data Tracker and pre/post-agency surveys, ensuring continuous improvement. Training is available at the MHANYS Training Center in Albany, regional agencies, and remotely, making it accessible statewide.

MHANYS has also partnered with first responder disciplines creating a New York State First Responder Wellness and Training Coordination Meeting. This committee has representatives from the Department

of Homeland Security and Emergency Services, NYS Bureau of Emergency Medical Services, New York State Sheriffs Institute, Division of Criminal Justice Services, New York State Chiefs Association, New York State Parks and Recreation and Fire Association in New York State. The goal of this meeting is to start coordinating all the wellness and training efforts happening across the state. This can include mapping of peer support team and wellness units across all first responder disciplines.

The New York State Sheriff's Institute Training and Wellness Center, the first of its kind in New York State, is a critical partner in these efforts. While the center does not provide clinical treatment, it operates as a prevention measure, ensuring individuals receive options and opportunities for healing and growth within their home state. Currently, first responders seeking treatment are often sent out of state, but this center provides a localized alternative that prioritizes accessibility and prevention. Additionally, since all Sheriff's Offices in New York State operate jails, corrections officers and staff are emphasized within this programming.

By integrating the MHANYS HERO Peer Training Program into statewide first responder wellness initiatives, New York State can address the lack of standardization in peer support training. The program's specialized, peer-driven approach ensures consistent, high-quality mental health resources across all first responder disciplines. HERO's alignment with the New York State Sheriff's Institute, the statewide Wellness and Training Coordination meeting, and the Training and Wellness Center makes it a critical component of the state's mental health and resilience strategy, particularly as it provides support to active-duty military, veterans, and corrections staff.

RECOMMENDATION

MHANYS HERO Program: Budget Request: \$250,000 (40 first responders per 5 OMH Regions)-\$1,000,000 for large scale implementation.

Prescriber Prevails

One of the not so great Albany traditions that we face every year for the last twenty is that whoever is Governor, they propose the elimination of prescriber prevails.... And every year we urge the legislature to restore the funding and you have responded consistently every time. Thank you for your support for medication access. It is frankly shameful that the role of the prescriber would be eliminated to make final determinations of medication access for an individual. Do we want insurance plans or clinicians to make final determination? I think the answer is obvious and we thank you every year for reaffirming this answer.

RECOMMENDATION

Restore Prescriber Prevails in the Final Budget.

Adult Home Reform: Repeal of EQUAL Program

For the second year in a row, the Executive has proposed the elimination of the EQUAL Program for adult home residents.

Many residents of adult homes that have a mental health issue want to move out of the home and into independent living. The EQUAL program has been utilized to fund services and programs that help support individuals' whether they choose to stay in the home or to move out of the facilitates. It is the only funding that is driven by the homes' residents.

RECOMMENDATION

Support restoration of funding for the EQUAL Program and give adult home residents a voice in their own recovery.



Karl Shallowhorn, MS, CASAC
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December 18, 2024

Ten Point Plan to Improve New York's Mental Hygiene System and Crisis Response

MHANYS' comprehensive 10-point plan focuses on enhancing community mental health by addressing gaps in transitions and crises, investing in the mental health workforce and not-for-profits, as well as enhancing mental health literacy.

The importance of this plan comes as incidents have drawn intense scrutiny on the criminal justice and mental hygiene systems and how we can better serve those in crisis. There are signs of missed opportunities to engage the individuals in treatment and supportive services.

1. Workforce

Provide a 7.8% increase for community-based not-for-profits human services rates and contracts in the FY 2025-26 New York State budget. The 7.8% represents the total of the current inflationary increase of 2.9% (CPI July, 2024) and the difference between the human services cost of living adjustments (COLA) over the past three years (12.2%) and the CPI increases (17.1%). Read the [letter to the Governor here](#) and [outlined concerns and data here](#).

As part of recruitment and retention efforts, we are also advocating not-for-profit human services have a more equitable and sustainable retirement system. This workforce provides critical services New York State would otherwise have to provide, but does not have access to the fringe and retirement benefits that the public sector and other sectors are provided. This disparity is exacerbating challenges in recruitment and retention.

2. Community Transitions

Individuals with mental illness are most vulnerable when discharged from hospitals, or released from prisons or jails. New York State must adopt the regulations promulgated by the New York State Department of Health and Office of Mental Health to enhance the discharge process from Emergency Departments and psychiatric inpatient units. This includes identifying and confirming follow up appointments in the community within seven days, referral for intensive case management services, screening for suicidality, and providing linkages with a peer bridger, a supportive case manager, a care monitoring team, or an ACT team. This should continue for at least the first 30 days after discharge from a hospital or released from prison or jail and at least until they are transitioned to an outpatient provider. This should continue if clinically necessary.

3. Health-Related Social Needs

New York must move forward as expeditiously as possible with the New York Health Equity 1115 waiver. The social care networks have received significant funding to partner with health and community-based providers to screen Medicaid members and expand their access to health-related social needs services. Examples include housing, transportation, and food security.

4. Strengthen Network Adequacy & Compliance with Parity Laws

The New York State Department of Financial Services (DFS) and New York State Department Health (DOH) must swiftly adopt the pending network adequacy regulations. These regulations would require insurers and health plans to ensure individuals can secure appointments within ten days for an outpatient provider or seven days following discharge from hospital or emergency room. If an

insurer or health plan could not meet the appointment wait time standards, individuals would be permitted to go out-of-network. In addition, New York must also strengthen compliance and enforcement of the mental health and substance use disorder parity laws.

5. Incident Review Panels

The Mental Hygiene Law (Section 31.37) codifies a process to establish “mental health incident review panels” to review critical incidents that involve persons with serious mental illness, often with involvement of the criminal justice system. Actions should be taken to identify systemic issues by reviewing current and past incidents.

6. Expanding Alternatives to Incarceration

Alternatives to incarceration and mental health courts should be expanded. Funding in the 2024-25 state budget has been allocated to provide for the expansion of mental health courts, which currently operate in 40 of 62 counties, and to fund court-based mental health/integrated care navigators.

7. Care Monitoring Teams

The [June 2008 New York State/New York City Mental Health/Criminal Justice Panel Report](#) included a number of actions that should be taken to improve mental health and criminal justice services. These recommendations included care monitoring teams.¹ The joint teams would be “... directly responsible for monitoring the care of high-need individuals and the high-intensity programs (such as Assertive Community Treatment and Intensive Case Management) that serve them, to help improve treatment and services.”

8. Crisis Response

There are a number of initiatives under way or being implemented and expanded that are critical for crisis response. These include the 988 Suicide and Crisis Lifeline, expansion of mobile crisis units and Critical Time Intervention Teams, operation of supportive and intensive crisis stabilization centers, expansion of the Safe Option Support Program to engage persons who are chronically homeless, and Crisis Intervention Team Training for law enforcement. Additionally, the pending recommendations of the Daniel’s Law Task Force will help inform policymakers.

9. Support First Responders

MHANYS’ Helping Every Responder Overcome (HERO) training program provides a standard of training for first responder peers related to mental health, suicide prevention, substance misuse, and resilience using evidence-based curriculums. Trainings are taught by first responders and mental health professionals. The program aims to create a more sustainable and impactful model for support for those within the first responder community who face higher rates of mental health challenges due to the nature of their work.

10. Mental Health Literacy

Mental Health First Aid (MHFA) is an evidence-based training that teaches people how to identify, understand, and respond to signs and symptoms of a mental health or substance use challenge. MHFA helps an individual assist someone experiencing a mental health or substance use crisis until professional assistance is obtained or the crisis is resolved. A more mental health literate public increases communities’ “radar” as citizens become more adept at recognizing, reporting, and responding to those in crisis.

New York is in the midst of the most comprehensive investment of crisis and residential services in decades. We believe the above recommendations would complement such efforts and should be considered.

¹ https://omh.ny.gov/omhweb/justice_panel_report/report.pdf