NYAPRS BUDGET AND LEGISLATIVE AGENDA
FY 2022-23

NYAPRS 23rd Annual Legislative Day
March 10, 2021

Your Name

Your Locality/Legislative District

How to Contact You

NYAPRS is a change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness and recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.

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NYAPRS 2022 State Advocacy Agenda

1. **Fund Voluntary Outreach, Support Services and Housing First Programs to Address Mental Health Crisis; Oppose Expansion of Kendra’s Law**
   a. Allocate $35 million for 750 more Housing First supportive housing units
   b. Allocate $2 million to create 4 INSET peer outreach and engagement programs
   c. Allocate $3 million to Create 6 Transitional Peer Bridger Programs for improved hospital discharge planning and follow up
   d. Fund teams of Mental Health/EMT First Responders (Police Alternatives)
   e. Fund additional Crisis Stabilization and Respite Centers*
   f. Approve $35 million to Create 9-8-8 Mental Health Hot Line*
   g. Approve $21 million to create Safe Options Support Teams*

2. **Funding Increases for Community Based Behavioral Health Services**
   a. Approve 5.4% COLA* and include Health Home Care Management and OTDA Supportive Housing programs, workforce bonuses and remove the “sunset” revision to help ensure that COLAs will be included in all future budgets
   b. $500 million Investment in Behavioral Health Services (see attachment)
   c. Approve reinvestment of $111 million in Unspent Managed Care Behavioral Health $*
   d. Re-bid MCO Contracts that Administer Behavioral Health Services Carved into Medicaid Managed Care*
   e. Approve $7.7 million for Joseph A. Dwyer Vet Peer Support Services*

3. **Support Housing Increase**

4. **Criminal Justice Reforms**
   a. Pass Clean Slate (S1553C/A6399C)
   b. Pass Treatment not Jails (S2881B/A8524A)

5. **Adult Home Residents**
   a. Protect Adult Home Residents’ Safety and Rights and Promote their Successful Transitions to the Community (A.196/S.1576)

6. **Pass Maternal Mental Health Bills S.7865, S.7753, S.7752**

* Included in Governor’s Budget
NYAPRS 23rd Annual Legislative Day Program
Thursday March 10, 2022

Program Schedule

9:30 am      Breakfast
10:00 am     Welcome Comments
10:05 am     NYAPRS 20221-2023 NYS Public Policy Priorities
11:05 am     FEATURED SPEAKERS

  o Jihoon Kim, Deputy Secretary for Human Services and Mental Hygiene
  o Dr. Ann Sullivan, Commissioner, NYS Office of Mental Health
  o Assembly Mental Health Committee Chair Aileen Gunther
  o Senate Mental Health Committee Chair Samra Brouk
  o Senate Mental Health Committee Chair Samra Brouk

11:45 am   LUNCH
12:15 pm   NEWS CONFERENCE/MARCH
1:15 pm     Face to Face Meetings or Zoom Calls
            with State Legislators and/or Staff
3:00 pm    Return Home

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Contact CEO Harvey Rosenthal at harveyr@nyaprs.org for more information.
Oppose Expansion of Kendra’s Law Fund Alternative Voluntary Outreach, Support Services and Housing First Programs

- Allocate $35 million for 750 more Housing First supportive housing units
- Allocate $2 million to create 4 INSET peer outreach and engagement programs
- Allocate $3 million to Create 6 Transitional Peer Bridger Programs for improved hospital discharge planning and follow up
- Fund teams of Mental Health/EMT First Responders (Police Alternatives)
- Fund additional Crisis Stabilization Centers*
- Approve $35 million to Create 9-8-8 Mental Health Hot Line*
- Approve $21 million to create Safe Options Support Teams*

Look for Details on These Initiatives Later This Week!

*Included in the Governor’s Budget

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Blueprint For Reviving New York’s Community-Based Mental Health and Substance Use Disorder Systems of Care

New Yorkers lack appropriate access to mental health and substance use recovery supports today because the State has repeatedly failed to provide adequate funding for these essential services in the past. For more than a decade, the Administration has reneged on an over $700 million commitment that was due to support the mental health and substance use disorder provider systems of care.

We are pleased with the many priorities Governor Hochul has included in her SFY 2023 proposed Budget for mental health and substance use disorder services. We ask that they remain in the enacted budget. While a priority area such as the 5.4% Cost-of-Living-Adjustment is critically important and long overdue, it is insufficient to meet the current crisis. Below are additional items that we respectfully request the Legislature’s support for New York’s Behavioral Health system.

Amendments to 5.4% Cost-Of-Living-Adjustment (COLA) to

1. Amend the Governor’s proposed 5.4% COLA language to include Health Home Care Management (HHCM) in the Part DD Amendment.
2. Amend the Governor’s proposed 5.4% COLA language to include the Office of Temporary and Disability Assistance (OTDA) NYS Supportive Housing Program in the Part DD Amendment.
3. Remove the “sunset” provision in the Part DD Amendment as included in the Executive’s proposed SFY budget and include HHCM and OTDA Supportive Housing, to help ensure that COLAs will be included in all future budgets.
THE LEGISLATURE MUST INVEST $500 MILLION TO:

Support Rate Increases for Licensed and Unlicensed Behavioral Health Services And Programs

- Focus on building a sustainable workforce through investments in all adult and children licensed and unlicensed behavioral health programs.
- Address the access to care crisis caused by a minimum 25% staff vacancy rate across all our adult housing, children’s residential, crisis residential, clinics, care management, outpatient and residential SUD treatment, peer, and other community-based and behavioral health care services.
- Implement rate adjustments that will begin to address the significant disparity between cost of care and current reimbursement of the same.

Build The Job Pipeline And Resuscitate The Behavioral Health Workforce

Tuition Reimbursement: Full scholarships available to individuals at SUNY and CUNY schools who commit to working in the public mental health and substance use field for five years following graduation.

Loan Forgiveness: Loan repayments to staff working in eligible programs as determined by underserved populations. A partial loan payment should be provided at the end of each year of eligible service.

Ensure that behavioral health programs are included in the proposed Nurses Across New York Program.

Establish an academic fellowship in Addiction medicine in each of New York State’s public medical schools.

Support Internships and Field Placement Stipends: Field experiences and internships are expected to contribute to the mastery of behavioral health competencies, with a focus on balancing the educational and practice needs of the student with the needs of the community. Funding is needed to attract students to the field by offering stipends while they are learning the skills needed for their career.

Heal the Healers: Ensure the development of broad-based wellness programs for all employees of behavioral health care providers through direct funds and tax credits for employers.

Invest In Diversity, Equity & Inclusion

The behavioral health workforce is diverse and, consequently, has been disproportionately impacted by racial and social justice inequities. While raising salaries and providing funding for education will help to sustain our diverse the workforce, additional targeted actions must be taken.

- Targeted scholarships for BIPOC
- BIPOC Leadership Development program
- Conscious and unconscious bias training in the workplace
Build Career Ladders For Adult, Youth And Family Peers
Investments must be made to develop career pathways for adult and youth peers, and families.
Peers (people with lived experience and training) are a critical part of the behavioral health workforce. However, peers are often unable to move up in agencies or to access non-peer positions.
We must make investments to develop career pathways for adult, youth and family peers that recognize the critical personal experience they bring to complement traditional clinical approaches. Families and caregivers with lived experience also provide unique expertise in navigating the behavioral health system and with addressing the needs of their loved ones.

Establish A Refundable Personal Income Tax Credit for Direct Care/Support Workers in The OMH, OASAS and OPWDD Systems
To recognize the vital work that our mental health and substance use treatment disorder Direct Care Workers and I/DD Direct Support Professionals perform on a daily basis to support individuals with disabilities and behavioral health challenges to live enriched, fulfilling and safe lives, we are asking that the legislature include language to establish a Refundable Personal Income Tax Credit for Direct Support Professionals in the OMH, OASAS and OPWDD systems.
This proposal would be a well-earned recognition of their work and provide crucial recruitment and retention incentives to curb the workforce crisis by adding up to $5,000 to direct care worker and direct support worker salaries.

Support the Expansion of Child Health Plus (CHP) to Include Behavioral Health
For many young people, mental health and substance use concerns arise at a young age. This has expanded exponentially since the start of the pandemic.
- Support the expansion of behavioral health services under the state’s Child Health Plus (CHP) insurance plan for children and families.
- Support the alignment of Child Health Plus benefits with other Medicaid benefits.

Use A Competitive Bid Process When Identifying MCOs To Administer Behavioral Health Services Carved Into Medicaid Managed Care
Behavioral health benefits for Medicaid recipients with serious mental health and/or substance use conditions have been carved into Medicaid managed care since 2015. During this time, the state has issued over 150 citations to MCOs that manage behavioral health benefits for a variety of deficiencies including failure to comply with federal and state parity laws, and inappropriate claims denials. New Yorkers with behavioral health conditions deserve more!
Use of a competitive procurement process will have the effect of requiring interested vendors to intensify their commitments and increase their quality outcomes so they can continue to manage these benefits.
Housing is Essential to Mental Health Recovery

Even before the pandemic, housing under the State Office of Mental Health for people with severe mental illnesses was at a critical breaking point. Due to lack of state funding and inflation, funding has eroded by 43--70%, forcing providers to do more with less as consumers' needs have increased significantly. Now, after nearly two years battling the pandemic, providers are underfunded and understaffed in an environment where it remains difficult to recruit and retain employees due to the low pay.

Housing providers are grateful for the funding received last year; however, due to significant increases in rents and inflation this year there remains a funding gap of $159.5 million just to make housing providers even and help keep pace with rising expenses.

We applaud Governor Hochul for funding the 5.4% human services Cost of Living Adjustment (COLA), making a two-year commitment of an additional $104 million to increase support for existing community-based residential programs - $65 million in FY 2023 and $39 million in FY 2024 - and including legislation to extend property pass-through provisions to include OMH supported housing in her 2022-23 Executive Budget.

We ask that you keep the funding listed in the Governor's proposal in the NYS Legislature's final budget. Failing to adequately fund these programs means that the state is failing the most vulnerable among us. Moreover, mental health housing actually saves dollars in other areas, such as prisons, hospitals, and homeless shelters. Not only is funding mental health housing the right thing to do, it is the smart thing to do.

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More than one in seven has a conviction record, which keeps many from accessing basic opportunities like employment and housing. Because background checks are used in so many circumstances, many individuals with conviction histories feel that they can never move forward with their lives.

Clean Slate legislation will automatically clear a New Yorker’s conviction record once they become eligible. The impact of a conviction record is often wide-ranging and enduring—permanently barring many individuals from basic opportunities like stable jobs, licenses to practice trades, and safe, secure housing. Clean Slate NY is about strengthening our communities by ensuring that New Yorkers are not punished beyond their sentences and can be full and fair participants in economic and civic life.

New York’s Sealing Law Is Not Enough
A 2017 New York State law allows for conviction records to be permanently sealed under certain conditions. Unfortunately, far too few people know how to apply or have the resources to do so: an estimated 600,000 New Yorkers are eligible to apply for records sealing under this law, fewer than 2,500—less than 1%—have actually made it through the complex, burdensome process. And many hundreds of thousands more individuals with conviction records blocking their path forward are not even eligible to apply.

Clean Slate Will Help Power New York’s Economy
With more than 400,000 New Yorkers arrested on criminal charges each year, the exclusion of people with conviction records from employment opportunities via background checks and other barriers hurts productivity and deprives the workforce of crucial talent. The ACLU estimates that, nationally, excluding individuals with conviction histories from the workforce costs the economy between $78 billion and $87 billion in lost domestic product.

We Cannot Ignore Racial Disparities In Policing And Prosecution
Automatic sealing is fundamental to addressing the wrongs of over-policing, excessive prosecution, and racial injustice in our criminal legal system and to reducing the systemic barriers that disproportionately impact low-income individuals of color. In New York City, for example, 48 percent of those arrested for marijuana possession in 2017 were black, 38 percent were Latinx, and only 9 percent were white.

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Pass Treatment not Jails (S2881B/A8524A)
Amending Criminal Procedure Law Article 216 of the judicial diversion law expands eligibility for treatment for court-involved individuals and shifts the presumption from incarceration to community support. The Treatment Not Jail Act will ensure that New Yorkers with disabilities and other health-related challenges are provided an opportunity to obtain treatment and support in their communities.

What Does The Treatment Not Jail Act Do?
• Expands New York’s judicial diversion law by including people with mental health challenges, intellectual, neurological, physical, and other disabilities, who can benefit from treatment.
• Ensures that treatment court participants are not jailed without due process.
• Eliminates coercive and ineffective mandated treatment by permitting participation in treatment court without requiring a guilty plea.

Background
• New York State over-relied on jails and prisons as the primary treatment provider for people with mental health needs.
• Too many people are denied opportunities for diversion because prosecutors act as gatekeepers to treatment.
• People with disabilities and other health-related challenges deserve equal access to diversion across New York State.

Why Is It So Important to Offer Treatment Without a Guilty Plea?
Research shows that when someone is motivated to change of their own interest, those changes last longer than when motivation comes from external pressure, such as the threat of punishment.
Additionally, many non-citizens cannot take advantage of diversion programs that require a plea up front because even a vacated plea can result in deportation or other negative immigration consequences.
Under the current law, only people with substance use disorders charged with certain drug and property-related offenses are eligible for diversion. This bill would expand eligibility to more effectively address root causes of criminal legal system involvement and provide resources to those who need them most.
TNJ promotes public safety, relying on a robust body of research that consistently shows that jail leads to more – not less – criminal involvement. As these studies and our collective experience demonstrate, incarceration is a profoundly destabilizing and traumatizing experience, especially for those with mental health and substance use challenges.

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Strengthen Enforcement of Adult Home Residents’ Safety and Freedom from Abuse

Give the Department of Health, the agency responsible for the oversight of adult homes, tools it needs to enforce the regulations that keep residents safe and address systemic problems. Under the current enforcement system, scandalously poor conditions are chronic problems in some facilities, which avoid penalties by briefly correcting violations, only to fall out of compliance again.

Pass A.196A /S.1571A to:
- Allow DOH to seek fines from facilities when residents are physically injured, financially abused, when their rights are violated by facility managers, or when violations are repeated within 12 months; and
- Increase the maximum fine from $1,000 (set in 1977) to $2,000 per day per violation, and for repeat serious violations, $3,000.

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Address Maternal Mental Health Needs of New Yorkers

Three new bills will make depression screenings available during prenatal, postnatal and pediatric visits; address inadequacies of existing depression screening tools; and establish a working group to address underdiagnosis in vulnerable populations. They will help to address the maternal mental health needs of New Yorkers who give birth and to address the problems of underdiagnosis and undertreatment in vulnerable, at-risk populations, particularly Black and Brown women.

Maternal mental health conditions are the most common complication in pregnancy and childbirth, affecting one in five women. The risks are significantly higher for new mothers of color; notably, while Black women are twice as likely to experience many of these conditions, they are half as likely to seek help. Maternal mental health conditions such as anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness and substance use disorders, can create bonding issues between a birthing parent and her baby, contribute to sleep and feeding problems, and cause mental, emotional, developmental and verbal complications in children.

Senate Bill 7865 requires maternal health care providers providing pre- and postnatal care or pediatric care to invite the mother to fill out a questionnaire to detect maternal depression and other mood disorders. This bill also recommends that maternal health care providers make the best efforts possible to contact the person who gave birth in within 21 days from the date of delivery and utilize industry practices to detect maternal depression.

Senate Bill 7753 requires the New York State Office of Mental Health (OMH) and the Department of Health to conduct a study on the inadequacies of existing postpartum depression screening tools in an effort to address the under-diagnosis and treatment of women in vulnerable, at-risk populations, particularly Black women.

Senate Bill 7752 directs OMH to create a Maternal Mental Health Workgroup to study and issue recommendations related to the diagnosis and treatment of maternal mental health and perinatal and postpartum mood and anxiety disorders.

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