

February 9, 2025

Honorable Andrea Stewart-Cousins
Majority Leader
New York State Senate

Honorable Carl E. Heastie
Speaker
New York State Assembly

**RE: FY25-26 Executive Budget proposal in the Health and Mental Hygiene Article VII
Legislation and Proposals for Legislative Mental Health**

Dear Majority Leader Stewart-Cousins and Speaker Heastie:

We are a coalition of mental health service providers, disability justice, housing rights and criminal reform advocates, other civil rights advocates, and people with lived mental health experience who share your concerns about vulnerable people falling through the cracks of our failed mental healthcare system and being left unable to access stabilizing resources like housing and community-based care.

We strongly oppose the Governor’s focus on expanding involuntary inpatient and outpatient treatment, which are ineffective interventions to address these structural issues. Instead, we request that the Legislature invest in solutions that work, including housing, services, and care, as we detail below.

While we appreciate many of the Governor’s proposed investments, they are insufficient to help New Yorkers struggling with serious mental illness—especially those who are homeless—get off the streets and subways, and into housing and treatment. We strongly oppose the proposed expansion of involuntary inpatient and outpatient commitment. A continued reliance on involuntary care will simply maintain the broken mental health care system that leaves people in need in unacceptable states of distress and deterioration. Inpatient hospitalization provides short-term care that, at best, temporarily stabilizes an individual. It does not connect them to, or provide, the mental health services and housing that are necessary for the individual to succeed in the community. In fact, all too often, involuntary inpatient and outpatient services traumatize individuals, erode trust in the system, and divert critical resources away from solutions that actually work.

In addition, as the Office of Mental Health’s own figures have shown since the enactment of New York’s involuntary outpatient commitment law, people of color are subject to highly

disproportionate numbers of commitment orders. As of January 10, 2025, over three out of five Involuntary Outpatient Commitment orders statewide, and over four out of five Involuntary Outpatient Commitment orders downstate involve people of color.¹ At the same time, people of color lack access to quality, voluntary mental health care, according to a 2024 study.² There is no clearer evidence of the failure of our public mental health system to successfully serve people of color.

Gaps in the community-based mental health system should be addressed before the state pursues expansion of involuntary treatments that, under the law, must be the least restrictive alternatives. In the assessment of public comments of the recent Department of Financial Services (DFS) revised proposed regulations on network adequacy of community-based behavioral health services, DFS repeatedly stated on the record, that “at present there is not provider sufficiency” of community-based behavioral health services.³ This admission demonstrates the need to adequately fund and support effective community-based services, rather than expand coercive involuntary commitment alternatives.

Moreover, even if forced commitment were to be expanded, it is clear that the hospital beds are not available to meet any increase in demand. In fact, according to the New York State Comptroller’s recent report, hospitals lack the capacity to accommodate *current* need.⁴

Rather than expanding involuntary commitment, we urge prioritization of the following oversight and investments:

- Implement Incident Review Panels
 - When system breakdowns result in violence and tragedy, it is critical that the State assess what went wrong and evaluate how such incidents can be prevented going forward. Incident review panels are currently authorized by Mental Hygiene Law § 31.37, but have never been implemented. Such panels should be made mandatory, and there should be public reporting of the systemic gaps and corrective actions taken.

¹ To view OMH data report, “Characteristics of Recipients: Demographics,” please visit https://my.omh.ny.gov/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FAOTLP%2F_portal%2FAssisted%20Outpatient%20Treatment%20Reports&Page=home#reports.

² Harvard Medical School, News: Racial Disparities in Mental Health Care for Medicaid Beneficiaries with Schizophrenia (June 20, 2024), <https://hcp.hms.harvard.edu/news/racial-disparities-mental-health-care-medicaid-beneficiaries-schizophrenia> (last accessed Jan. 29, 2025).

³ New York State Department of Financial Services, Assessment of Public Comments on the Proposed New 11 NYCRR 38 (Insurance Regulation 230), https://www.dfs.ny.gov/system/files/documents/2024/11/rp_ins_reg230_apc_rev.pdf (last accessed Jan. 29, 2025); New York State Department of Financial Services, DFS Superintendent Adrienne A. Harris Announces Proposed Regulation Requiring Insurers to Provide Increased Access for Mental Health and Substance Use Disorder Services, Feb. 21, 2024, https://www.dfs.ny.gov/reports_and_publications/press_releases/pr202402212 (last accessed Jan. 29, 2025).

⁴ New York State Comptroller, Mental Health: Inpatient Service Capacity (2024), <https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf>.

- Increase funding for the Empire State Supportive Housing Initiative (ESSHI) and expand Housing First programs
 - Enhance the base ESSHI rate to \$34,000 per year, as the Governor’s proposed enhancement is insufficient.
 - Expand Housing First programs by adding 750 more Housing First units statewide.

- Expand Peer Services and Family Support programs for Individuals with Serious Mental Illness (SMI) – \$7.5 million
 - The Governor has included \$2.8 million to fund three INSET peer-to-peer, person-centered outreach and engagement teams that are demonstrating strong success in engaging people with major mental illnesses who are currently disconnected from services and who might otherwise have been placed on an involuntary outpatient commitment order (sometimes referred to as Assisted Outpatient Treatment or AOT). Approximately half of people served by INSET teams are or have been homeless.
 - We are seeking funding for five more INSET teams in regions that currently do not offer this pivotal service, at an annual cost of \$800,000 for a total of \$4 million.
 - The Governor’s budget funds two Peer Bridger teams at a total cost of \$1.2 million. Since 1994, Peer Bridgers have helped thousands of individuals to successfully transition from state hospitals to the community.⁵ Peer Bridger teams should be routinely included as a part of successful hospital discharge plans that prevent high numbers of avoidable relapses and repeat readmissions. We are seeking funding for five more Peer Bridger teams at an annual cost of \$600,000 per team, for a total of \$3 million.
 - We are also calling for funding to expand direct support services to families (\$500,000).

- Fund Enhanced Voluntary Service Packages - \$16.5 million
 - The Governor proposed \$16.5 million to bolster Involuntary Outpatient Commitments and to fund enhanced voluntary service packages, which provide a voluntary alternative to Involuntary Outpatient Commitments, and are equally effective. The Legislature must restrict this funding solely to enhanced voluntary service packages, and not to the expansion of Involuntary Outpatient Commitments.

- Expand Assertive Community Treatment (ACT) and Forensic ACT - \$9.1 million as a start for FACT
 - ACT and Forensic ACT provide intensive, evidence-based care to individuals with serious mental illness in the community. Research finds they reduce hospitalizations and emergency room visits and increase housing and employment, with Forensic ACT teams also reducing criminal legal system involvement. Providing Forensic ACT statewide would require \$6.3 million in start-up and transition costs, and ongoing funding of \$13.3 million in Medicaid costs and \$9.1

⁵ NYAPRS Peer Bridger™ Program, <https://rightsandrecovery.org/nyaprs-peer-bridger-program/> (last accessed Feb. 3, 2025).

million in net deficit and service dollars. ACT should also be expanded to eliminate the waitlist for services, which is six months to one year in New York City and longer in other parts of the state.

- Support mental health clinicians and providers with a 7.8% inflation adjustment.
 - The Governor's 2.1% investment is woefully inadequate. Programs are not able to attract and retain qualified staff without sufficient resources.

Thank you for your continued leadership in addressing New York's mental health crisis. We look forward to discussing with you how the budget can best invest in the care New Yorkers need, and the safety New Yorkers deserve. We are also available to discuss additional evidence-based programs and other initiatives that will strengthen the public mental health system's ability to respond to the needs of individuals with serious mental illness as summarized in the attached list of successful voluntary programs.

Sincerely,

Alliance for Rights and Recovery
Brooklyn Center for Independence of the Disabled
Brooklyn Defender Services
Carla Rabinowitz
CASES (The Center for Alternative Sentencing and Employment Services)
Center for Elder Law and Justice
Center for Independence of the Disabled, New York
Center for Justice, Civil Rights, and Liberties
Coalition for the Homeless
Community Access
Disabled In Action of Metropolitan NY
Fountain House
Freedom Agenda
Friends of Recovery-NY
Harlem Independent Living Center
Hour Children, Inc.
Housing Conservation Coordinators
Justice for Eudes Pierre Coalition
Legal Action Center
Legal Aid Bureau of Buffalo, Inc.
The Legal Aid Society
Mental Health Association in New York State
Mobilization for Justice
NAACP Legal Defense Fund
National Alliance on Mental Illness of New York City
National Center for Law and Economic Justice

New York Association on Independent Living
New York Civil Liberties Union
New York County Defender Services
New York Lawyers for the Public Interest
NMIC
Queens Defenders
Shams DaBaron, Da Homeless Hero
Staten Island Center for Independent Living
Surveillance Resistance Lab
Urban Justice Center Mental Health Project
VOCAL-NY
VOICE Buffalo
504 Democratic Club
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