



NYAPRS BUDGET AND LEGISLATIVE AGENDA

FY 2009-2010

**NYAPRS 11th Annual Legislative Day
Hart Auditorium The Egg
Albany, NY
January 27, 2009**

Your Name

Your Locality

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Prepared by the NYAPRS Public Policy Committee
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Robyn Krueger, William Sullivan
Co-Presidents, NYAPRS Board of Directors

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of over 40,000 New Yorkers who use and/or provide community mental health services and who are dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their recovery, rehabilitation and rights.

www.nyaprs.org



**NYAPRS 11th Annual Legislative Day Schedule
 Tuesday, January 27, 2009
 Hart Auditorium The Egg Albany, NY**

Program Schedule

- 9:30 am** Breakfast, Check-In Hart Auditorium The Egg
- 10:00 am** Welcome: NYAPRS Co-Presidents Robyn Krueger, William Sullivan
 Public Policy Co-Chairs Carla Rabinowitz, Ray Schwartz
- 10:05 am** Presentations on This Year's Budget/Legislative Priorities

Budget Agenda Requiring Action

1. Protecting The Community Mental Health Safety Net: Restoring the SSI Cut and the \$11.875 Million Cut to Community Mental Health Programs
2. Keeping The Promise of Prison Reform: Restoration of 'SHU Law' Timeline, Assessments, Treatment Alternatives and Mental Health Training for Correctional Officers
3. Ensuring Adult Home Residents with Psychiatric Disabilities Can Advocate for Their Rights
4. Assuring Access to Critically Needed Antidepressants
5. Prohibiting the State from Claiming State Psych Center Patients' Social Security Benefits

Budget Agenda Requiring Support

6. Supporting New Initiatives to Advance Employment
7. Supporting New Funding to Advance New York's Peer Run Services
8. Supporting Expanded Access to Supported Housing
9. Restructuring New York's Sex Offender Management Program

Legislative Agenda Requiring Action

1. Making Timothy's Law Permanent!
2. Ending The Discrimination Against Parents with Psychiatric Disabilities
3. Promoting Community Integration for New Yorkers with Disabilities

10:50 am Presentation of Awards

- Syracuse-Post Standard, The Journal News, Public Education Awards
- Jeannie Straussman, Lifetime Achievement Award
- Diana Ritter, Public Policy Leadership Award

**"Protect The Community Mental Health Safety Net"
An Event Hosted and Supported By ACL, MHANYS, NYAPRS**

- 11:00am "Protecting The Community MH Safety-Net"**
 - Fight To Restore The SSI Cut
 - Fight To Restore \$11.875 million Cut to Community MH Services

- 11:30 am Featured Speakers**
 - Secretary for Health and Human Services Joseph Baker
 - OMH Commissioner Michael Hogan
 - Assembly Mental Health Committee Chair Peter Rivera
 - Senate Mental Health Committee Chair Shirley Huntley

- Noon Lunch**
- 1:00 pm "Protect the Community MH Safety Net" Press Conference and Rally**
- 1:30 pm Meet with Your Legislators**
- 4:00 pm Re-group at Your Buses, Return Home**



NYAPRS 11th Annual Legislative Day Priorities
Tuesday, January 27, 2009
Hart Auditorium, The Egg Albany, NY

Budget Agenda

1. RESTORE: Protect The Community Mental Health Safety Net:

Restore the SSI Cut and the \$11.875 Million Cut to Community Services

We urge the NYS legislature to protect the community safety net New Yorkers with psychiatric disabilities rely on by:

- *restoring the proposed cut to the state's supplement to Social Security Income (SSI) for individuals and couples with disabilities living in the community; without legislative action, vulnerable New Yorkers will lose, starting in June, precious funds (\$24 per month) they need to make it in the ever worsening economy (cost: \$84 million) and*
- *restoring the proposed \$11.875 million cut to community mental health programs for NY's community service programs (\$2.375 million from the last quarter of the 2008-09 budget and \$9.5 million from the 2009-10 budget).*

2. RESTORE: Keeping The Promise of Prison Reform:

Restoration of 'SHU Law' Timeline, Assessments, Treatment Alternatives and Training

We urge the NYS legislature to reject the Administration's proposal to delay for three years and limit the widely supported reforms contained in the SHU law (e.g. mental health assessments and treatment alternatives for ALL prisoners and 16 hours of correctional officers training).

3. RESTORE: Preserving Advocacy Support Services for Adult Home Residents

We call for the restoration of funds to support the critical advocacy and support services afforded to adult home residents with psychiatric disabilities by the Coalition of Institutionalized Aged and Disabled (CIAD).

4. RESTORE: Ensuring Critical Access To Antidepressants

- *We seek the restoration of the prudent carve of antidepressant drugs from the Medicaid Preferred Drug Program, supporting past policies that prevented avoidable relapses that are costly in terms of both human suffering and preventable use of ER/inpatient facilities. (Cost: \$3.3 million).*

5. REJECT: Prohibiting the State from Claiming PC Patients' Social Security Benefits

We urge state legislators to reject proposals to amend mental hygiene law to allow the state to appropriate state psychiatric hospital patients' Social Security benefits to pay hospital charges without regard to the patient's other needs and which would otherwise be available to establish themselves in the community upon discharge from the hospital. (Cost: \$30 million).

Legislative Agenda

1. Making Timothy's Law Permanent

After many years of determined advocacy, thousands of New Yorkers with employer based health insurance plans won access to improved mental health benefits thanks to the passage of Timothy's Law. The landmark law is up for renewal this year and should be made permanent.

2. Ending The Discrimination Against Parents with Psychiatric Disabilities

Current state Social Service Law (§384-b subdivision 4) that permits termination of parental custody rights due to the presence of a psychiatric disability must be amended to end this terrible discrimination that tragically and needlessly breaks up families and discourages parents from seeking treatment.

3. Supporting Community Integration for People With Disabilities

We urge the passage of new versions of A.7277/S.7337, an act to amend Executive Law to ensure that people with disabilities are given the right to choose and receive services in the most integrated setting appropriate for the needs of the individual. This legislation requires that state agencies promote such integration through a plan and a report on the progress of state agencies in facilitating community integration.

Executive Proposals We Support

1. Advancing the Employment of New Yorkers with Disabilities

As leading members of the Campaign for Employment of New Yorkers with Psychiatric Disabilities, we urge state legislators to share our enthusiastic support for the following increases in this year's state budget:

- \$6 million in federal Medicaid Infrastructure Grant funds to support the employment of New Yorkers with disabilities through a variety of interagency and grassroots efforts.*
- \$1.4 million in OMH funding for employment services in the Personalized Recovery Oriented Services initiative (PROS).*

2. Supporting the Expansion of Peer Recovery Centers in New York

We strongly support OMH's effort to fund \$700,000 (annualizing to \$1.4 million) to stimulate and strengthen NY's peer-run services (programs run by those with invaluable personal experience from success in recovery) by funding a technical assistance center and grants to "encourage innovation and growth of peer run organizations."

3. Promoting Community Mental Health Supported Housing

We strongly support OMH's multi-year allocation of \$18 million to provide 1,500 people with psychiatric disabilities the support and rental assistance needed to successfully live in their home communities.

4. Supporting the Restructuring of NY's Sex Offender Management Program

We fully support \$14 million in savings claimed by reducing the medical intensity of staffing and supports for civilly confined sex offenders in OMH facilities, by allowing respondents to remain in DOCS custody during the pendency of court proceedings and by permitting video-teleconferencing of certain judicial hearings to reduce transportation and staffing costs.

More should be done: legislators should revamp the program to permit civilly committed sex offenders to be housed in DOCS facilities with OMH sponsored treatment; the state should also make much more substantial use of the community-based intense parole supervision option that is common in other states and represents a much more appropriate and cost effective approach.



NYAPRS 2009-2010 State Budget Priorities

Protecting the Community Mental Health Safety-Net: Restore The Proposed SSI Cut to Vulnerable New Yorkers!

Background

Supplemental Security Income (SSI) is a benefit offered by the federal Social Security Administration (SSA) for Americans who are poor, have little or no work history, and have a disability and/or are elderly. In New York State there are over 600,000 individuals with disabilities who depend on this important benefit, many of whom include New Yorkers with psychiatric disabilities.

New York State adds a supplement to the federal share that varies depending on a person's living situation. As of January 1, 2009 the Living Alone rate for SSI is \$761 per month – Federal SSA pays \$674 and NY State pays \$87.

SSI is often the sole major income New Yorkers with disabilities receive: nonetheless, it is usually too little to pay for the full cost of rent, let alone the other living expenses a person needs to remain supported and integrated in the community. In addition, New York State has NOT increased its share of the SSI benefit in over 20 years.

The 2009-10 Executive Budget Proposal

- This year, Governor Paterson is proposing to **cut the state supplement by over 25% for individuals and couples living alone in the community and 45-70% for those living with others.**
- In June 2009, the monthly state supplement would be reduced:
 - for individuals living in the community: from \$87 to \$63
 - for couples: from \$104 to \$77
 - for individuals living with others: from \$23 to \$7
 - for couples living with others: from \$46 to \$25.
- For individuals living alone in the community (almost half of the affected beneficiaries), the total grant will fall from the current 83.5% of the federal poverty level (FPL) to 80.4% of the FPL in June 2009, **the largest one year decline since 1981.**

Impact on New York's Most Vulnerable:

- **The harm this reduction would cause to SSI beneficiaries would be devastating.** Even without the proposed cut, an SSI beneficiary can barely afford to live in New York State. For example, housing costs should not exceed 40% of a person's total income, however, in New York an SSI recipient can expect to pay from 72% to an impossible 180% of their SSI income toward rent. **The terrible impact of these cuts threaten the ability of our most vulnerable to keep up with rising food, rent and fuel costs.**

Action Needed: RESTORE SSI Funding Cut!

We urge the New York State Legislature to restore the proposed cut to the state's supplement to Social Security Income (SSI) for individuals and couples with disabilities living in the community. Without legislative action, vulnerable New Yorkers will lose precious funds they need to make it in the ever worsening economy (cost: \$84 million).

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of people who use and/or provide community mental health services dedicated to improving services and social conditions for people with psychiatric disabilities. For more information on this and related issues, contact NYAPRS Policy Specialist Matt Canuteson at mattc@nyaprs.org



NYAPRS 2009-2010 State Budget Priorities
Protecting the Community Mental Health Safety Net:
Restore the \$11.875 Million Cut to Community Mental Health Programs

Background

After a decade of flat budgets or cuts amidst steadily rising property, personnel, health insurance and heating fuel costs in the 1990's, The majority of community based mental health programs that function as safety net services entered into a **full state of crisis** that has resulted in **steadily rising waiting lists** and **steady decreases in service capacity, staffing and hours of operation.**

Further, without the ability to provide remotely competitive salaries, community based services have regularly lost their most precious resource, their front line staff (record 70% turnover rates), severely compromising the ability to serve New Yorkers in need by making the establishment of stable, trusting, reliable therapeutic relationships virtually impossible.

Historically community mental health funding increases have not kept pace with inflation and many services are in crisis. This long pattern of failure to keep up with the cost of providing local community mental health services not only threaten the quality and capacity of our mental health system, it has cost state taxpayers dearly. Without critical investments in the mental health infrastructure, New York has been paying for **avoidable emergency room and hospital stays, rises in homelessness and incarceration**

Many community based programs have absorbed cuts in funding during the 2008/2009 fiscal year. In addition, the governor has proposed **community mental health programs give up the 5.6% COLA that was promised for the 2009-2010 fiscal year.**

This Year's Executive Budget Proposal

This year's budget proposal includes an \$11.875 million cut to community based mental health programs. This proposal cuts \$2.375 million from the last quarter of the 2008/2009 budget and \$9.5 million from the 2009/2010 budget.

Actions Needed:

We urge the legislature to fully restore the proposed \$11.875 million cut to the community mental health safety net.

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NYAPRS 2009-2010 State Budget Priorities

Keeping the Promise of Prison Reform:

Restoration of 'SHU Law' Assessments, Treatment Alternatives and Training

Background

After many years of efforts by New York's advocates, family members, former inmates, and with editorial support from every major newspaper in the state, the Legislature passed a version of bills to 'Boot the SHU' that was signed into law on January 28th 2008. The law proposed to replace 'torture with treatment', ending the routine inhumane solitary confinement of prisoners with psychiatric disabilities and putting in place improved mental health assessments and training for prison staff, providing hundreds of people with psychiatric disabilities in-prison residential treatment alternatives.

This Year's Executive Budget Proposal

Although the law is not scheduled to take effect until 2011, this year's Executive Budget proposes to diminish and delay for an *additional three years* the protections afforded by the SHU bill, putting off implementation of the bill until 2014. **For the next five years then, prisoners with a serious psychiatric disorder will continue to suffer the same fate that others faced in the past, the same fate that led us to come together to fight for this bill over five years ago.** They will remain confined for 23 hours a day, cut off from social contact, enduring harrowing symptoms and driven to self-injury and attempts at suicide.

Further, accompanying Article 7 legislation also calls for the elimination of about half of the correctional beds from the requirements of the SHU bill (exempts level 3 and 4 DOCS facilities) and cuts the training requirements for correctional officers (from 16 to 8 hours). **If approved, prisoners in nearly half of the SHU beds in the system would not be entitled to a mental health assessment or removal from SHU, despite the fact that an appreciable number of these prisoners receive treatment for a mental illness.**

Actions Needed: RESTORE 'SHU Law' Assessments, Treatment Alternatives and Training

We urge the NYS legislature to reject the Administration's proposal to delay for three years and limit the widely supported reforms contained in the SHU law (e.g. mental health assessments and treatment alternatives for ALL prisoners and 16 hours of correctional officers training).

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*For more information on this and related issues, contact NYAPRS Policy Specialist Matt Canuteson at mattc@nyaprs.org
NYAPRS is a member of Mental Health Alternatives to Solitary Confinement (www.boottheshu.org).*



NYAPRS 2009-2010 State Budget Priorities ***Ensuring Adult Home Residents with Psychiatric Disabilities Can Advocate for Their Rights and Needs!***

Background

"In 2002, when Clifford Levy of the New York Times wrote his Pulitzer Prize winning expose of the New York's adult home system, the general public was shocked. Politicians reacted with outrage and calls for reform.

One group, however, was not shocked at all, because it knew all too well the plight of 12,000 New Yorkers with mental disabilities living in adult homes. Residents, themselves, had long been struggling to improve their care, both systemically and in their own individual adult homes.

Founded in 1973..., the Coalition of Institutionalized Aged and Disabled (CIAD) is the primary vehicle through which adult home residents advocate on their own behalf.

CIAD members point to many types of problems within the adult home system. However it is the underlying issues of isolation, hopelessness and sustained dependence which are most devastating to residents.

Too often, it is this sense of helplessness that allows operators to offer inadequate medical and mental health care, bad food and poor housing." NY Nonprofit Press 4/05

CIAD is governed by a Board of Directors, the majority of whom are residents of adult homes and nursing homes throughout the New York City and surrounding areas.

CIAD's efforts are especially critical in helping previously disempowered residents take their rightful roles on the Resident Councils of each adult home, councils that can exert power to improve conditions and vote to approve or reject operators' plans to use recently won state funding (QUIP and ENABLE) to improve services and conditions within each home.

This Year's Executive Budget Proposal

This year's budget proposes to cut CIAD's scant funding by 50%, a total of \$50,000 used to support residents' efforts, both in each home and in Albany, to find their voice and seek reforms to improve basic safety, health, food conditions and support services.

Actions Needed: RESTORE CIAD Funding!

As a member of the NYS Coalition for Adult Home Reform, NYAPRS members seek:

- ***Restoration of \$50,000 to support the critical advocacy and support services afforded to adult home residents with psychiatric disabilities by the Coalition of Institutionalized Aged and Disabled (CIAD).***
- ***We also strongly support the continuation of full funding for the OMH Independent Case Manager/Peer Specialist program and DOH QUIP and Enable funds.***

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NYAPRS is a member of the New York State Coalition for Adult Home Reform.*



NYAPRS 2009-2010 State Budget Priorities ***Protecting Access to Critically Needed Antidepressants***

Background

For tens of thousands of New Yorkers, a disruption in access to the appropriate psychiatric medication all too often results in avoidable relapses that are costly in terms of both human suffering, the resultant use of costly emergency and inpatient facilities and increased symptoms related to the metabolic syndrome, as well as serious disruptions in the capacity to fulfill employment, education, and/or parenting responsibilities.

In the past, New York State has wisely put in place several safeguards to preserve such access, including carve outs from the Medicaid Preferred Drug Program for both antipsychotic and antidepressant medications. The current budget proposal removes those protections for the antidepressants.

The Medicare Part D Formulary Guidance regards antipsychotics, **antidepressants**, antiretrovirals and immunosuppressants as "**classes of critical concern**" that should be protected in order to "**mitigate the risks and complications associated with an interruption of therapy for these vulnerable populations**".

In addition the Kaiser Commission report on Model Prescription Drug Prior Authorization Programs for State Medicaid Programs (authored by Sarah Somers and Jane Perkins of the National Health Law Program in April 2003) supports this, saying that 'exemptions from prior authorization should be allowed for all psychotherapeutic, anti-viral and anti-convulsive medications'.

This Year's Executive Budget Proposal

The Governor's budget eliminates the exemption from New York's Medicaid Preferred Drug Program for antidepressants.

Actions Needed: RESTORE PDL Exemption for Antidepressants!

We seek the restoration of the prudent 'carve out' of antidepressant drugs from the Medicaid Preferred Drug Program, supporting past policies that prevented avoidable relapses that are costly in terms of both human suffering and preventable use of ER/inpatient facilities. (Cost: \$3.3 million).

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NYAPRS 2009-2010 Budget/Legislative Priorities

Prohibiting the State from Claiming PC Patients' Social Security Benefits

Background

The Social Security disability insurance program pays benefits to those who have worked long enough and paid Social Security taxes. Individuals can qualify for benefits if they experience a disability that started before age 22. The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. Over 600,000 New Yorkers receive SSI benefits, many for psychiatric disabilities. Taken together, these Social Security benefits provide essential resources to support people with psychiatric disabilities living in communities across New York State.

This Year's Executive Budget Proposal

The Governor proposes to amend Section 29.23 and Section 33.07 of the Mental Hygiene Law to permit Psychiatric Center directors who are appointed representative payees to use a person's Social Security benefits to pay for psychiatric hospital charges without regard to the individuals other needs.

- It eliminates the requirement that facility directors act as "fiduciaries" regarding patients' funds. (A fiduciary must act strictly in the best interest of the individual.)
- It would eliminate the \$5,000 limit in current state law on the amount of Social Security funds that may be held by a facility director.
- **The effective date of the measure would be immediate and it would be retroactive to 2002, eliminating the rights of hundreds of PC patients who have received or will receive lump-sum Social Security and monthly Social Security benefits.**

OMH anticipates a \$30 million savings from the measure, which will come directly from patients' Social Security funds **which would otherwise be available to establish themselves in the community upon discharge from the hospital.**

The proposed law would perpetuate a great injustice. There is a desperate shortage of supported housing and community programs for persons with psychiatric disabilities, including those leaving state hospitals. As a result, people could greatly benefit from saving their Social Security Benefits to use to obtain housing, food, clothing, transportation, education and other needs upon discharge. Moreover, the availability funds for that purpose will greatly increase the likelihood of successful transition to community life.

Actions Needed: REJECT PROPOSAL TO CLAIM PATIENTS' SOCIAL SECURITY \$!

We urge state legislators to reject the proposal to amend mental hygiene law to allow the state to appropriate state psychiatric hospital patients' Social Security benefits to pay hospital charges without regard to the patient's other needs and which would otherwise be available to establish themselves in the community upon discharge from the hospital. (Cost: \$30 million).

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NYAPRS 2009-2010 State Budget Priorities ***Supporting New Initiatives to Advance Employment!***

Background

- Despite research findings that demonstrate that over 70% of Americans with disabilities want to work, **people with disabilities remain grossly underemployed and live in poverty**. In fact, according to the 2005 American Community Survey, the **employment rate of New Yorkers with disabilities declined to 35.7%**
- NYS Mental Health Commissioner Michael Hogan recently described as perhaps the **"greatest embarrassment"** faced by NY's mental health system.
- A recent national study found that working **individuals with disabilities using the Medicaid Buy-In work incentive require 40% less Medicaid spending**.

Historically people with psychiatric disabilities who seek employment have had to overcome a maze of documentation and eligibility criteria that has made it nearly impossible for people to pursue their employment goals. NYAPRS has helped forge a coalition that is urging state leaders to launch a **Campaign for Employment for New Yorkers with Disabilities** that we believe will enlist the best efforts of state agencies, community providers, consumers and employers to support people with disabilities to achieve meaningful employment and advance their economic self-sufficiency.

This Year's Executive Budget

This year's budget includes a \$6 million in federal Medicaid Infrastructure Grant funds to support the employment of New Yorkers with disabilities through a variety of interagency and grassroots efforts. In addition, \$1.4 million in OMH funding for employment services in the Personalized Recovery Oriented Services initiative (PROS).

Actions Needed: SUPPORT New Employment Funding!

As leading members of the Campaign for Employment of New Yorkers with Psychiatric Disabilities, we urge state legislators to share our enthusiastic support for the following increases in this year's state budget:

- *\$6 million in federal Medicaid Infrastructure Grant funds to support the employment of New Yorkers with disabilities through a variety of interagency and grassroots efforts.*
- *\$1.4 million in OMH funding for employment services in the Personalized Recovery Oriented Services initiative (PROS).*

The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of people who use and/or provide community mental health services dedicated to improving services and social conditions for people with psychiatric disabilities
For more information on this issue, contact NYAPRS Deputy Director Mathew Mathai at mathewm@nyaprs.org



NYAPRS 2009-2010 State Budget Priorities ***Supporting New Funding to Advance New York's Peer Run Services!***

Background

Peer services (mental health services provided by experienced and trained consumers of mental health services) are a unique and important element of recovery centered mental health systems. Peer services provide an opportunity for people to direct their own recovery process, avoid costly and at times unnecessary hospital stays, and to teach one another the skills necessary to lead meaningful lives in the community. There are many different settings where the use of the peer workforce offers the crucial supports needed to help individuals live safe, productive, and meaningful lives: alternative crisis supports (crisis diversion), warmlines, emergency room and clinic based supports, community based or "in-home" supports, advocacy services, drop-in centers, supported employment and educational programs, and institution-to-community "bridger" programs

The final report of the historic *President's New Freedom Commission on Mental Health* states, **"studies show that consumer-run services and consumer providers can broaden access to Peer Services, engage more individuals in traditional mental health services, and serve as a resource in the recovery of people with a psychiatric diagnosis"** The report goes on to describe how persons with psychiatric disabilities, because of their experiences, bring different attitudes, motivations and insights to mental health services. The provision of mental health support services by persons who have experienced psychiatric disability is the base of empathy, empowerment, and recovery.

This Years Executive Budget:

This year's Executive budget includes \$700,000 (annualizing to \$1.4 million) to stimulate and strengthen NY's peer-run services by funding a technical assistance center and grants to "encourage innovation and growth of peer run organizations."

This initiative will make New York a leader in advancing effective and cost effective cutting edge service innovations, delivered by those with the special advantage of hard won personal experience and expertise.

Actions Needed: SUPPORT New Funding to Advance Peer Run Innovations!

We strongly support OMH's effort to stimulate and strengthen New York's peer-run services with this \$700,000 (annualizing to \$1.4 million) initiative.

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NYAPRS 2009-2010 State Budget Priorities ***Supporting Expanded Access to OMH Supporting Housing!***

Background

Safe, decent, affordable, integrated, housing with appropriate supports are core services needed by every New Yorker with a psychiatric disability. Today, there are approximately 70,000 people in need of housing but only 35,000 units available. Proven cost-effective and recovery-oriented, the State is short by 35,000 units of mental health housing.

- Today, there are approximately 12,000 New Yorkers with psychiatric disabilities who are homeless and another 12,000 New Yorkers poised to exit adult homes.
- There are also at least 9,000 people with psychiatric disabilities being released annually from jails and prisons;
- Thousands more are nearing homelessness as they await discharge from hospitals, are unable to live with aging families, or are exiting foster care.

Proven through research, increased investments in mental health housing pay for themselves by reducing the reliance on public and emergency services. Further, housing is far more cost effective than institutional settings.

- Jails/prisons and hospitals cost from \$75,000-\$300,000 per person, per year.
- Operating supportive housing costs from \$8,000-\$40,000 per person, per year.

This Year's Executive Budget

The OMH includes new funding to add 1,500 critically needed new community housing beds.

Actions Needed

We strongly support OMH's multi-year allocation of \$18 million to provide 1,500 people with psychiatric disabilities the support and rental assistance needed to successfully live in their home communities.

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For more information on this and related issues, contact NYAPRS Policy Specialist Matt Canuteson at mattc@nyaprs.org

NYAPRS is a member of the New York State Campaign for Mental Health Housing. For more information, visit www.campaign4housing.org and/or contact Carla Rabinowitz at crabinowitz@communityaccess.org



NYAPRS 2009-2010 State Budget Priorities

Restructuring of NY's Sex Offender Management Program (SOMTA)

Background

SOMTA is New York State's civil confinement program to house recidivist sex offenders after they have completed their prison sentences or parole terms, admitting them to either an inpatient hospital ward in a State psychiatric facility, or in some cases, to a community based program of Strict and Intensive Supervision and Treatment (SIST).

New York has currently relied much more heavily on a model of inpatient treatment for which there is not a lot of evidence of success.

Nonetheless, **OMH facilities are currently required to add about 11 new offenders a month to its hospital facilities, costing \$38 million annually at \$600 a day or \$225,000 per year per hospital confined offender.**

Without program restructuring, or greater utilization of Strict and Intensive Supervision and Treatment (SIST), the demand for building new facilities is likely to continue, siphoning off precious state mental health dollars which should be used for employment, housing, and rehabilitation of people with psychiatric disabilities.

Contrast this with Texas, which operates an outpatient model, which costs \$17, 391 per offender each year with good results.

Recommendations

New York State should look into the possibility of confining offenders to a group residence on the outskirts of a prison or other secure location, utilizing ankle bracelets and GPS monitoring capabilities. Offenders can be committed to such an environment with limited community access for outpatient treatment in a closely supervised program like the SIST model.

Such an approach could make New York State the thoughtful and progressive national leader in sex offender management policy that it should be and free up state dollars to fund:

- advance community treatments that are demonstrating upwards of 60% effectiveness in preventing offenses or re-offenses
- widespread prevention and community education efforts, including healthy sexuality curricula in our schools and public campaigns about the high incidence of offending behavior, effectively reducing the high number of offenses that go unreported.

Actions Needed: SUPPORT Reduction, Overhaul in OMH Sex Offender Program!

We fully support \$14 million in savings claimed by reducing the medical intensity of staffing and supports for civilly confined sex offenders in OMH facilities, by allowing respondents to remain in DOCS custody during the pendency of court proceedings and by permitting video-teleconferencing of certain judicial hearings to reduce transportation and staffing costs.

More should be done: legislators should revamp the program to permit civilly committed sex offenders to be housed in DOCS facilities with OMH sponsored treatment; the state should also make much more substantial use of the community-based intense parole supervision option that is common in other states and represents a much more appropriate and cost effective approach.

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Thanks to the Coalition of Behavioral Health Agencies for informing this policy statement.



NYAPRS 2009-2010 Budget/Legislative Priorities ***Making Timothy's Law Permanent***

Background

New Yorkers with group insurance health coverage have access to improved mental health benefits due to legislation that went into effect on January 1, 2007. Chapter 748 of the Laws of 2006, or Timothy's Law, was named after a young boy, Timothy O'Clair, whose parents were unable to access adequate health insurance coverage to treat his psychiatric disability.

After many years of determined advocacy, millions of New Yorkers with employer based health insurance plans won access to improved mental health benefits thanks to the passage of Timothy's Law and its implementation effective January 2007.

The law ensures that New Yorkers with broad array of mental health conditions get a minimum of 30 days of inpatient psychiatric coverage and 20 outpatient counseling sessions a year.

Most important, it ensures that New Yorkers with severe mental health conditions get as much treatment as is deemed medically necessary and without discriminatory caps or rising co-co-pays, as is currently the norm for the treatment of physical disorders.

As it turned out, New York was a national leader: our legislation preceded the national mental health parity legislation that was adopted by Congress and signed by the President late last year.

Our landmark New York parity law is up for renewal this year. Since it has helped thousands of New Yorkers overcome unfair, discriminatory barriers to gain needed mental health care, it should be made permanent.

Actions Needed: Make Timothy's Law Permanent!

We urge the New York State Legislature to make New York's mental health parity legislation, Timothy's Law permanent.

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NYAPRS is a long time member of the Timothy's Law Campaign (<http://www.timothyslaw.org>)



NYAPRS 2009 Legislative Priorities

Ending The Discrimination Against Parents with Psychiatric Disabilities

Background

Historically, parents with psychiatric disabilities have faced enormous societal biases concerning their fitness to maintain parental relationships. These biases continue to pervade the legal process and have led to the breakup of countless families when social services and legal officials have inappropriately taken away custody rights from parents with psychiatric disabilities. The result?: in New York, 16 percent of the families involved in the foster care system and 21 percent of those receiving family preservation services include a parent with a mental illness.

Stigmatizing attitudes and beliefs are at the root of such discriminatory policies which exist in current New York State Social Services Law (SSL), subdivision 4 of §384-b, which includes four grounds for permanently terminating parental rights. Those grounds include highly appropriate ones like abandonment, permanent neglect and severe and repeated abuse; however, they also include the presence of mental illness as possible grounds for removal of parental custody.

In 2007, in an effort to promote keeping families whole where there is a parent with a psychiatric disability, the NYS Legislature approved a \$850,000 initiative to help boost support, treatment and training for parents with psychiatric disabilities. Now we are appealing to the legislature to change the law to end this discriminatory policy.

NYAPRS Strongly Opposes 384-b (4) (c) because:

- it is discriminatory;
- decisions to terminate parental rights should be based on behavior and not condition;
- the substantive and procedural provisions are vague, subjective and easily misapplied, thus undermining the required standard of proof of clear and convincing evidence;
- termination of parental rights (TPR) is a drastic, permanent measure, severing forever a parent's right to be a part of his or her child's life;
- this statute was written prior to changes in mental health treatment promoting recovery, and;
- this statute is destructive public policy because parents are afraid to seek treatment for fear of losing their children and children are removed from families where there is no abuse or neglect.

Action Needed: CHANGE DISCRIMINATORY LAW TO KEEP FAMILIES WHOLE!

We urge the New York State Legislature to eliminate paragraph (c) of SSL §384-b (4), and all of Subdivision (6) of SSL §384-b.

*The New York Association of Psychiatric Rehabilitation Services represents a statewide partnership of people who use and/or provide community mental health services dedicated to improving services and social conditions for people with psychiatric disabilities
For more information on this and related issues, contact NYAPRS Policy Specialist Matt Canuteson at mattc@nyaprs.org
Thanks to the Mental Health Association of NYS for informing this policy statement.*



NYAPRS 2009-2010 Legislative Priorities **Supporting Community Integration for People with Disabilities**

Background

Tens of thousands of New Yorkers with disabilities are unnecessarily institutionalized or segregated from non-disabled individuals in the community and tens of thousands more are at risk of institutionalization. The practice of institutionalizing service systems continues to cost New York State millions of dollars more that could more cost-effectively be provided in the community. This segregation perpetuates dependence and inhibits workforce development and growth and operates in opposition to what most New Yorkers want and need – to work and live in the community despite illness or disability with assistance when needed.

Last year, the NYS Legislature unanimously approved the “Integrated Services Bill”, (A7277/S.7337), which would empower individuals with disabilities to maximize employment, economic social self sufficiency, independence and inclusion. **This bill requires that individuals with disabilities have the right to choose and receive services in the least restrictive setting appropriate for the individual’s needs and will ensure that state agencies promote such integration.**

This bill remedies the long-standing bias that exists in disability service in New York whereby institutional interests have come before individual well-being and choice. The bill also requires demonstration from state agencies using public dollars to demonstrate why a more expensive, restrictive, segregated service is needed instead of examination of all community-based and integrated options to overcome an institutional placement.

When individuals can assert a presumptive right to community-based services, the institutional preference that has existed for so long can finally be overcome and communities across New York can reclaim and reuse valuable fiscal resources toward other important and needed community services.

Action Needed: Pass Community Integration Legislation!

We urge the passage of new versions of A.7277/S.7337, an act ensuring that New Yorkers with disabilities are given the right to choose and receive services in the most integrated setting and requiring state agencies to promote such integration through individualized plans and a report on the progress of state agencies in facilitating community integration.

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For more information on this and related issues, contact NYAPRS Policy Specialist Matt Canuteson at mattc@nyaprs.org*



NYAPRS 2009-2010 Legislative Day **Notes**

Taking notes during your meeting will better prepare you for any follow up work, such as providing requested information or writing thank you letters to the Legislator.

Assign someone in your group to take notes during meetings and drop off this sheet in collection box before getting on your bus. Box will be inside the Concourse near Madison Avenue.

Notetaker Name: _____ **Notetaker Region:** _____

MEETING #1

Senator/Assembly Member's Name: _____

Legislative Aide's Name: _____

Check topics discussed and record any special notes:

- Restoring The SSI Cut
- Restoring the \$11.875 Million Cut to Community Mental Health Programs
- Restoration of 'SHU Law' Assessments, Treatment Alternatives and Training
- Ensuring Adult Home Residents Can Advocate for Their Rights and Needs
- Protecting Access to Critically Needed Antidepressants
- Prohibiting The State From Claiming State Psych Hospital Patients' Social Security Benefits
- Advancing The Employment Of New Yorkers With Disabilities
- Expanding New York's Peer-Run Services
- Expanding OMH Supported Housing
- Restructuring NY's Sex Offender Management Program
- Making Timothy's Law Permanent
- Ending the Discrimination Against Parents W/ Psych Disabilities
- Promoting Community Integration For People With Disabilities

Did the legislator or aide request any additional information? _____

MEETING #2

Senator/Assembly Member's Name: _____

Legislative Aide's Name: _____

Check topics discussed and record any special notes:

- Restoring The SSI Cut
- Restoring the \$11.875 Million Cut to Community Mental Health Programs
- Restoration of 'SHU Law' Assessments, Treatment Alternatives and Training
- Ensuring Adult Home Residents Can Advocate for Their Rights and Needs
- Protecting Access to Critically Needed Antidepressants
- Prohibiting The State From Claiming State Psych Center Patients' Social Security Benefits
- Advancing The Employment Of New Yorkers With Disabilities
- Expanding New York's NY's Peer Services
- Expanding OMH Supported Housing
- Restructuring NY's Sex Offender Management Program
- Making Timothy's Law Permanent
- Ending the Discrimination Against Parents with Psychiatric Disabilities
- Promoting Community Integration For People With Disabilities
- Did the legislator or aide request any additional information?**
