

Testimony for the New York State Attorney General

January 20, 2023

Thank you for the opportunity to make this testimony, my name is Adam Selon and I am currently a part-time student in the Masters of Social Work program at University at Buffalo. For the past 7 years I have worked full time for a peer-operated non-profit, Restoration Society, Inc (RSI) and I make this testimony on behalf of our organization. In my employment I am privileged to support those navigating access to mental health services. Restoration Society Inc. and the various programs under its umbrella have for 50 years provided gap-filling innovative services that involve peers at every level and provide a path to mental health recovery and wellness. Our mission is ***illuminating pathways toward opportunity, possibility, wellness and independence.*** Our vision is to ***Be the leader in innovative high quality services by providing individualized and accessible opportunities that exceed customer and community expectations.*** A mission and vision I can attest we live up to on a daily basis.

With this testimony we would like to advocate for more robust support for the programs that prevent and follow hospitalization rather than endorse the funding of more expensive and often inappropriate psychiatric beds and coercive means of hospitalizing those in need. Rather, those living with mental health conditions and the workforce they rely on should be made aware, through marketing and funding, of the various responsive and flexible peer-delivered crisis support alternatives and diversion programs.

Beyond that, we would like to highlight that we have a ready and qualified peer workforce in WNY. It should be put to use so that no individual “falls through the cracks”, is denied or delayed in receiving critical attention and care in their time of need. More inpatient psychiatric hospitalizations, especially involuntary ones, can cause individual traumatization and not solve the “revolving door” of hospitalization and navigation issues beyond the hospital.

Personally, I have 13 years experience as a social worker working in peer-operated community mental health services, many of those years working in housing and homelessness services here in Buffalo NY. Due to chronic underfunding and the challenging work, this field has been plagued by staff turnover long before the pandemic dealt a devastating blow to our workforce and created ongoing stress on the service system. Trained employees are often quick to find alternate employment at a higher wage, oftentimes outside of the behavioral health field. This has resulted in extreme waitlists and delays in receiving critical mental health counseling and case management services and interruptions and a lack of trust in client-provider relationships for those who depend on it. Additionally, flat contracts lead to subpar wages which greatly impact the ability to fill vacancies, especially with qualified employees. Current workforce shortages are crippling our services.

RSI is the primary provider of shelter services and warming centers specifically for those with serious mental illness in WNY. Our services run 24 hours in order to ensure a safe space is available to the community when other programs and safety net services are closed. I would like to share this from my colleague Cornelius Delaney who is also a peer service provider, and, in

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addition to managing a CORE services team, works in our shelters through CODE BLUE—a life saving inclement weather shelters throughout the community:

“More homeless shelters is an absolute necessity in WNY. Being a shelter worker and being able to see how many homeless people are turned down because of us not having enough space in our shelters some nights is absolutely devastating. We need more funding to have more shelters and to place them in the most appropriate locations in the community where the need is. Restoration Society was an active shelter throughout the December 23rd historic blizzard and we had at least 100 individuals daily in both of our shelter locations. That alone should show how vital it is for these shelters to exist and continue. Funding is needed for more shelters because we are the only low barrier shelter that is actively accepting the mentally ill and homeless population without a referral process—strictly walk-ins and word of mouth. If referred then the referral comes from 211 in which we are the only homeless shelter for CODE BLUE”

Restoration Society Inc. a non-profit organization has been an often unsung backbone for our community. For those living with serious mental illness, we are known for being peer-led. We are constantly soliciting and empowering service recipients to have a voice as to how the mental health system could be improved; it is that feedback which has informed this testimony.

As a certified peer support specialist I have my own lived experience recovering from major life change and living with a mental health condition. It was these authentic, innovative, empowering services (clubhouse, peer, and person directed) that made the most impact in my life. In my current role as the Coordinator of Peer Services I am supporting individuals on their path into the peer workforce everyday. It can't be understated how challenging and empowering it can be to work in a system as a peer—and “be the change we wish to see” especially when one's experience of the system was traumatizing or unsupportive. Employment roles for peer specialists are becoming prevalent but the pervasive stigma around mental illness remains, even among the healthcare workforce that peers are now working alongside, doubling the challenge of the work for professional peer specialists.

What I have come to know and appreciate about working with RSI and in peer services generally is that this is actually the cutting edge of reforming a broken mental health system to be more authentic, empathic and informed by the realities of living with and recovering from mental illness, addiction, as well as experiences of homelessness, incarceration and trauma.

A lack of community awareness and first responder knowledge of how to prepare and refer individuals to these alternatives upon discharge into the community, creates a systemic underutilization of these effective and humane person-centered approaches to community integration and individual wellness. Funding to market and raise community and first responder awareness of these vital services is needed.

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The recipients and providers of RSI's services are often those hit first and worse by systemic obstacles and failures. We are constantly innovating and advocating to improve services, fill gaps and ensure no one navigates the path to recovery without person-centered support.

While RSI is grateful to Governor Hochul's one billion dollar commitment to mental health services, it is disappointing that the description of that commitment made no mention of peer services and the many cost-efficient and evidenced-based programs (crisis diversion, clubhouses, peer mentors embedded in all services, respite, warmlines, peer response to mental health crisis rather than police, 988, wrap around services, etc) that can support those in need without resorting to the traumatic action forced treatment such as AOT and long term psychiatric hospitalization. The need for tailored, permanent supportive housing "beds" rich with peer and recovery-oriented supports and services that use a community integration and peer-bridger approach for those with mental illnesses is needed. Forced and traumatizing hospitalization as the only solution is not needed.

Many needs of this community would be supported if the state fully funded and bolstered the peer driven innovations and the passionate peer workforce which meet people where they are at and walk the path of recovery with them. Recovery is possible when we provide strengths-based person-centered and trauma-informed care services. Expanding and lowering the bar to apply Kendra's law takes patient rights and the gains of our peer movement back a century. Additionally, for-profit healthcare corporations and the medical system in general are co-opting models born out of that movement—viewing clubhouses, respites, peers on Assertive Community Treatment (ACT) teams as established models to replicate with a ready and passionate workforce vulnerable to exploitation.

My peers in this movement and workforce are experts in what this system lacks and how to prevent anyone experiencing the same trauma they experienced. Peers recognize the humanity of those navigating the system and so go above and beyond to meet individuals where they are during time of need—an example being our shelter services remaining open throughout the pandemic and blizzard. It is always perplexing to us that clinical providers contend with missed appointments; that is not an issue in peer services, people look forward to their appointments. A saying regarding peer services is "peers never give up", perhaps the recipient of services feels that difference.

I am grateful for the opportunity to give this testimony to the Attorney General James and trust it will help inform the prioritization of funding and lead to her advocating for opening up greater pathways for our community and those in need to benefit from peer support.

—Adam Selon, NYCPS
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