



January 11, 2023

**Proposal to Deliver Testimony at the January 18th hearing
convened by Attorney General Letitia Jones**

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I write on behalf of four Western NY based agency members of the New York Association of Psychiatric Rehabilitation Services, a 41 year old statewide partnership of people who use and/or provide community mental health services that has dedicated itself 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.

We greatly appreciate the Attorney General's interest in getting feedback about the barriers that exist in accessing adequate mental health treatment in Western New York, especially as regards crisis services for children and adults.

Every day we see the plight of far too many individuals who are forced to linger in acute states of crisis for hours to days due to the systemic crisis that prevents us from providing a rapid, effective and recovery-focused crisis response.

As a result, we are confronted with:

- An inadequate number of crisis supports - currently there are only 4 mental health respite beds for all of Erie County
- A lack of statewide marketing to increase education and awareness surrounding voluntary crisis alternatives to hospitalization
- Inadequate funding for existing and new crisis supports to appropriately staff and market voluntary crisis alternatives

Moreover, a lack of community and first responder understanding of how to prepare and refer individuals to these alternatives upon discharge into the community creates a systemic underutilization of what are effective and humane person-centered approaches to community integration and individual wellness.

We have long needed alternatives to the consistently overburdened emergency room and inpatient services but we will not find our answers in the creation of more inpatient beds that far too often provide nominal care and failed discharge plans.

Thankfully, our members are experts in the key elements necessary to create a far more appropriate, effective and humane discharge plan that would make available:

- Someone to walk alongside you from hospital to community for as long as desired: a hospital to community Peer Bridger
- Somewhere to live: a Pathways Housing First Model that accepts rather than excludes people in the greatest need, including those who may be evidencing the presence of symptoms and drug and alcohol use.
- Somewhere to go: Clubhouses, Recovery Centers

On their behalf, Adam will be providing targeted testimony offering a number of specific recommendations to create a state of the art continuum of proven peer run strategies in the region to effectively aid people in acute states of distress.

These program would be staffed by members of the mental health peer workforce who are all specially trained to engage, support and de-escalate crises.

Peers bring unique value to serving people in acute states of crisis:

- They understand the experience of being a patient
- They understand how to navigate transitions from hospital to community
- They are able to engage people transitioning from the hospital into the community. They go beyond connecting people to clinical treatment services, but also connect them with natural resources, supports, and peer networks that address the social determinants of health

Our testimony will be delivered by Shannon Higbee CEO of Recovery Options (provides community based services in 10 WNY counties) and Cameron Farash, Peer Services Director of Liberty Resources Rochester. Their testimony will also include the input of Restoration Society in Buffalo and Community Missions Inc of Niagara County.

Shannon will provide details of the aforementioned crisis continuum of care that would include link the use of 9-8-8 crisis hot line, mobile crisis teams, crisis stabilization, crisis respite, 'Living Room' and urgent care like drop in programming.

Cameron will also provide an update of efforts to develop a crisis response delivered by teams of peer counselors and EMTs in place of police first responders in line with 'Daniel's Law' legislation proposed by senator Samra Brouk and Assembly member Harry Bronson.

Moreover, there is a severe crisis in Niagara County that is experienced by children and parents in dire need that is the result of the closure of their only Inpatient Children's Hospitalization program. As a result, parents have to have their children transported all the way to Buffalo for psychiatric emergencies..

Erie County Medical Center is very slow to respond as the hospital is overwhelmed with psychiatric triage responsibilities for the entire Buffalo area. Sometimes parents need to sleep in the waiting room while their children are waiting in the CPEP unit to see doctors.

Far too often we are forced to see that parents in the Western Region are experiencing very long wait times for in-home services through CFTSS. Some have indicated six

months or more. We have begun to experience increased wait times for youth to have their initial clinic appointments, as those slots are all filled up. It is explained that clinicians have left and the clinic is not able to re-hire.

We will offer a number of recommendations designed to help these children and their families as well.

Thank you for your consideration of our request

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