SEAT at the TABLE

A Campaign to Reform New York's Mental Health System

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Having a "Seat at the Table" means the people most impacted by mental health policies and services should be directly involved in defining, designing, implementing, and evaluating those programs and policies. This does not mean having a seat on an "advisory" committee.

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Campaign Goal

Enact the

The New York State Person-Centered Mental Health Services Act

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The Act would:

- Support participatory local planning involving all stakeholders.
- Give service users shared decision making authority.
- Align state policy with measurable local goals.
- Provide adequate funding to support these goals
- Require binding agreements between the state and localities to outline accountability.
- Require annual reviews based on data and consumer feedback to assess the effectiveness of services.

The Current System is Not Working

Overuse of acute psychiatric beds
45,000 annual admissions

Shelters housing 11,000 people with BH needs

Jails as "treatment" for 5,000 people with BH needs

Black and brown people are disproportionately impacted

- Shelter Population:
- The NYC Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations report for 2016 identified 11,091 homeless New Yorkers with severe mental illnesses, including 24.3 percent of adult shelter residents. - https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_CoC_NY-600- 2015_NY_2016.pdf
- Approximately 58 percent of New York City homeless shelter residents are African-American, 31percent are Latino

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Studies have Documented these Failures for Decades

"There is no statement of goals, no statewide system of services, and there is no process to develop and evaluate such goals."

NYS Assembly Committee Report - 1976

1976 *Mental Health In New York,* NYS Assembly Ways and Means and Mental Hygiene Committees

Studies have Documented these Failures for Decades

"Services are fragmented and there's unclear responsibility for the mentally disabled in communities."

NYS Assembly Report - 1978

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1978 *From the Back Wards to the Back Alley.* NYS Assembly, Mental Health Subcommittee on Community Aftercare

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Findings from these studies describe the system as:

Siloed, difficult to navigate, no accountability, ineffective, uncoordinated, wasteful, disrespectful to its customers, and denying users' real choice.

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1976: Mental Health In New York | A Report by The Assembly Joint Committee To Study The Department Of Mental Hygiene
NYS Assembly Committee On Mental Health and Ways And Means Committee

1978: From the Back Wards to the Back Alley
NYS Assembly, Mental Health Subcommittee on Community Aftercare

1980: Single Room Occupancy Hotels: A dead-end in the human services delivery system
NYS Senate Mental Hygiene and Addiction Control Committee (Padavan Report)

1984: The Governor's Select Commission On The Future Of The State-Local Mental Health System
Jerome M. Goldsmith, Ed.D., Chairman

2005: An Evaluation of the Delivery of Mental Hygiene Services in New York State
Mental Hygiene Task Force of the NYS Assembly Standing Committee on MH, MR and DD

2008: New York State/New York City Mental Health Criminal Justice Panel
Michael Hogan, NYS OMH and Linda Gibbs NYC Deputy Mayor for Health and Human Services

2012 Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems
Council of State Governments Justice Center

2020: Our Homeless Crisis - The Case for Change | New York City Council

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Previous Recommendations

"Consumer and citizen involvement must take place at all levels of the system, and in every phase of operation. Clients should actively participate in establishing goals, planning, decision-making and evaluation of the system at the State and local levels."

NYS Assembly Committee Report - 1976

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1976 *Mental Health In New York*, NYS Assembly Ways and Means and Mental Hygiene Committees

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Previous Recommendations

"A special agreement should be developed and signed by city and state officials to ensure a continuity of services to the discharged patients."

NYS Senate Report - 1980

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1980 Senator Padavan: *Single Room Occupancy Hotels: A dead-end in the human services delivery system*

A new Approach is Needed because Past Efforts to Improve Mental Health Care Have Not Worked

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1890

New York State Care Act

Result: Thousands confined in institutions

1954

New York Community Mental Health Services Act

Result: A fragmented system that fails thousands of users

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The 1890 State Care Act created state-run institutions for people with mental health conditions who were traditionally confined to privately operated "poor houses." This was viewed as a major reform and by 1955, 98,000 patients were confined to 28 institutions, many for decades. Following WW II, many books and reports highlighted the abuses of psychiatric confinement, and the "open hospital" concept took root, first in the UK and then in New York. It was felt people could live the majority of their life in the community and use the hospital on as-needed basis.

The 1954 Community MH Services Act was inspired by the open hospital movement and required local governments to develop mental health services plans for discharged patients. Unfortunately, the Act only provided 50% of the funding for supports and services, capped total amount well below what was being spent on the state-

run hospitals, and required the local planning process to be led by psychiatrists. The state essentially abdicated its responsibility for the proper care and support of people with mental health challenges. A legacy that continues to this day.

Source:
New York State Archives, Mental Health in New York State: 1945-1998 | An Historical Overview
http://www.archives.nysed.gov/common/archives/files/res_topics_health_mh_hist.pdf

Services and supports known to be effective in promoting wellness, and that users want, are in short supply or are not offered at all:

- Clubhouses and drop-in centers
- Crisis respite centers
- Affordable housing
- Quality healthcare
- Jobs and education
- Exercise (yoga, Pilates, dance, swimming)
- Nontraditional therapies (art and pets)

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Mental health services focus heavily on clinic care and other services that are primarily "Medicaid eligible," which neglects critical supports, such as affordable housing, education and training, employment, and social connections.

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The Seat at the Table Campaign is about changing the way mental health services are planned and delivered.

It puts people who depend on services "at the table" when important decisions get made.

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Having a Seat at the Table
means being "deciders" not "advisors"

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Examples of advisory boards that have no decision-making authority:

NYS Behavioral Health Service Advisory Council
https://omh.ny.gov/omhweb/bh_services_council/overview.pdf

NYC Community Services Board of the New York City Department of Health and Mental Hygiene
https://www1.nyc.gov/assets/doh/downloads/pdf/mh/csb-by-laws.pdf

"... The Board acts as an autonomous advisory body...members shall serve without compensation...the subcommittee for mental health shall include at least **two members who are or were consumers of mental health services..."**

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Having a Seat at the Table means solving challenging problems together

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Ideal problem-solving and planning teams should include a mix of people who have technical expertise, are creative, have experience both using and providing services, and a have research background. "Stakeholders + Science"

Current New York State Mental Health Planning Process

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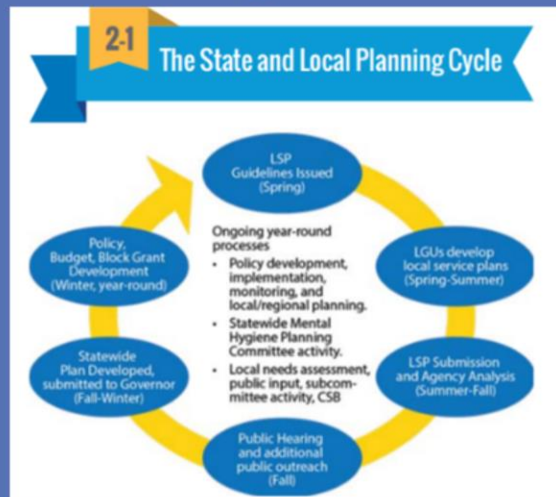

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LSP = Local Services Plan
LGU = local government unit

No defined role for peers and providers to include their preferences and priorities.
No data analysis and needs assessment at the local level to identify gaps and needs and/or goals and plans do not reflect those needs. See for instance the NYC LSP – detailed problem identification but no specific proposals to address those needs.

Source: New York State 2016-2020 5.07 Plan
https://omh.ny.gov/omhweb/planning/docs/507-plan.pdf page 17

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58 County Plans, each with different goals

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Statewide, hundreds of different goals, objectives and recommendations are sent to Albany from the counties every year. As a result, there is no consistent plan.

In addition, many counties are too small to support a robust array of high-quality services and would be better served through regional entities.

https://www.clmhd.org/contact_local_mental_hygiene_departments/

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NYC Local Services Plan

2021

8 Goals and 55 Different Objectives

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Impossible to establish priorities and measure success with so many different objectives.

https://www.qcddny.org/wp-content/uploads/2020/09/2021-NYC-Local-Services-Plan.pdf

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Many Initiatives Occur Outside of the Formal Planning Process and Without Community Input

Mayor Adam’s “Psychiatric Crisis Care” Proposal
Mayor De Blasio’s ThriveNYC

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Almost all new state-funded initiatives are “top down” in the form of RFPs issued by OMH that do not necessarily respond to the needs of the local community and have not been included in Local Services Plans. It’s no wonder services are siloed, and the system is fragmented.

A better approach would be for OMH to issue “requests for solutions” and let local communities propose the programs and services they want.

An example of this community-driven approach is the mental health planning in Denver, by the Caring for Denver Foundation: https://caring4denver.org/work/

OMH RFPs issued in 2022:

1. Mitigating the Impact of Trauma in Schools
2. Coordination of Statewide Suicide Prevention Activities for Suicide Prevention Center of New York (SPCNY)
3. OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)
4. Intensive Crisis Stabilization Centers Re-Issue for Select Regions
5. HealthySteps - Request for Applications (RFA) Round Two 2022
6. Youth Assertive Community Treatment (ACT) Team - Western Region
7. NYS Trauma-Informed Network and Resource Center
8. Empire State Supportive Housing Initiative (ESSHI)
9. New York Peer Specialist Certification Board (NYPSCB)
10. Adult ACT-1 New Team Western NY
11. Suicide Prevention Programs for Hispanic/Latino, Black/African American, Asian American/Pacific Islander...
12. Supportive Crisis Stabilization Centers
13. Geriatric Technical Assistance Center (GTAC)
14. HealthySteps Request for Application (RFA)
15. Statewide Behavioral Health Community Resource Directory / Reentry Toll-Free Hotline
16. Youth ACT Statewide
17. Expedited Engagement Program
18. Student Mental Health Support Grants to School Districts
19. Enhanced Scattered Site Supportive Housing for Young Adults with Serious Mental Illness
20. Mental Health Resource and Training Technical Assistance Center for Schools
21. Adult ACT RFP - 14 New Teams
22. Young Adult ACT - Rest of State RFP
23. Intensive Crisis Stabilization Centers
24. Safe Options Support (SOS) Program: CTI Teams NYC

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The "System" Remains a Fragmented Mess

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A Pathway to Reforming the System

- Empower Local Communities
- Engage those who Use and Provide Services

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Local mental health plans should be created with peers and providers as equal participants.

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Cities and counties ("LGUs") are required to prepare mental health "local services plans" and include service recipients in the process, which typically involves being on an advisory committee, attending a focus group, or completing a survey. As described in Article 41.16 of the Mental Hygiene Law, the process never gives peers, or providers, veto power, or a meaningful role to select the services or programs they feel are most important.

https://newyork.public.law/laws/n.y._mental_hygiene_law_section_41.16

Local planning bodies should adopt a participatory planning process led by independent planning experts.

The firms listed here all have experience in working with community members to analyze and solve complex social problems.

DC Design: https://www.dcdesignltd.com/

Van Alen Institute: https://www.vanalen.org/

Overlap Associates: https://overlapassociates.com/work/health-foundation-for-western-and-central-new-york-aging-by-design/

IDEO: https://www.ideo.org/project/voices-for-birth-justice

Public Policy Lab: https://www.publicpolicylab.org/projects/

Hester Street: https://hesterstreet.org/projects/brownsville-youth-leadership-council-community-safety-action-plan/

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Local Services Plans should be Person-Centered

- Peer-Informed Services that Meet Real Needs
- Holistic Mental Health and Health Services
- A Community-Led Crisis Response System
- Expanded Affordable Housing
- Streamlined Provider Contracting and Payment
- Data-Driven Evaluation of Service Effectiveness
- Alternatives to Incarceration

22.

Local plans would have to address all of these issues in order to be approved and paid for by the state.

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Person-Centered Services Address Basic Needs

A Home, A Purpose, CONNECTION

23.

Eight Dimensions of Wellness by Dr. Peggy Swarbrick:

- Emotional—Coping effectively with life and creating satisfying relationships
- Environmental—Good health by occupying pleasant, stimulating environments that support well-being
- Financial—Satisfaction with current and future financial situations
- Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
- Occupational—Personal satisfaction and enrichment from one's work
- Physical—Recognizing the need for physical activity, healthy foods, and sleep
- Social—Developing a sense of connection, belonging, and a well-developed support system
- Spiritual—Expanding a sense of purpose and meaning in life

https://www.prainc.com/ww-2021-8dimensions-8experiences/

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Local mental health plans should be:

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Local Plans need to include concrete, specific or actionable goals with measurable outcomes, which makes it possible to determine if a service or program is effective and should be expanded or discontinued.

SPECIFIC + STRATEGIC
Reflects an important dimension of what you seek to accomplish
MEASURABLE
Includes standards by which reasonable people can agree on whether the goal has been met (by data or defined qualities).
ATTAINABLE + AMBITIOUS
Challenging enough that achievement would mean significant progress—a “stretch” for the project.
REALISTIC
Can be achieved using available resources, technology, knowledge, and

skills.

TIME-BOUND

Includes a clear deadline.

INCLUSIVE

Brings traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policy-making in a way that shares power.

EQUITABLE

Seeks to address systemic injustice, inequity, or oppression.

Adapted from: https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/

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SMARTIE Goals require
"Stakeholders + Science"

The right mix of people in the room

+

Knowledge, reseach, and evidence

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Sample participatory planning training institute:
https://strategicfacilitation.com/community-planning-social-change-initiatives/

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Local governments should be reimbused 100% for their mental health services

Mental health care is the responsibility of the state, not local governments, and the state needs to pay for the necessary services and supports, as defined by the local community. There are budgetary limits on what the state can spend, but these amounts should be transparent and negotiated annually with the communities.

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Mental health plans should be legally binding agreements between the State and localities.

27.

State officials can ignore the plans and requests submitted by local governments and often do. At the same time, the Office of Mental Health will issue RFPs for new services that local communities didn't ask for and have no control over, creating service silos and a system that doesn't always address the most pressing needs of the community.

Local plans, with specific goals and services, need to be linked to a budget and an implementation protocol that describes who is responsible for each component. This agreement should be negotiated between the LGU and the state and formalized in a written, binding agreement.

Example of a SMARTIE Plan
1990 NY/NY Agreement | 5,000 placements in 5 years

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NY/NY DEVELOPMENT	7/89-6/93	7/93-6/94	7/94-6/95	Total
NYS Capital				
CR/RCCA	319	194	287	800
SRO/CR	81	197	560	838
Supported Housing	78	107	65	250
NYS Capital Sub Total	478	498	912	1,888
NYS Rental Sub Total	266	234	0	500
NYS Total	744	732	912	2,388
NYC SRO Total	994	291	141	1,426
State and City Grand Total	1,738	1,023	1,053	3,814

HOUSING PLACEMENTS	Thru 6/93	7/93-6/94	7/94-6/95	Total
State Housing	1,240	To Be Determined.		3,085
City Housing	1,037			1,595
Private Sources	1,013			1,045
State and City Total	3,290			5,725

Example of a state and local agreement to achieve specific outcomes within a defined timeframe.
Source: https://shnny.org/images/uploads/NYNYAgreement.pdf

The NY/NY Agreement is an example of a plan in which a LGU (NYC) partnered with NY state on a plan with clearly defined goals, a timeline, budget, milestones, and accountability. Further, the plan was formalized in a signed agreement between the parties.

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Needed: A New State Mental Health Act

2023

The Person-Centered Mental Health Services Act

29.

The Person-Centered Mental Health Services Act will revise and amend the mental planning guidelines outlined in Section 5.07 of the Mental Hygiene Law, including Article 41, which define how local plans should be created.

These revisions would require a truly person-centered planning process so that people who use services, and their allies, are actively involved in all phases of needs assessment, goal selection, implementation, and evaluation of the service delivery system. This was the vision of the NYS legislature in 1976.

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To Learn More and Stay Informed please join the Seat at the Table Campaign.

www.mhjusticeny.org

info@mhjusticeny.org

A Campaign by the Social Justice Policy Collective

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Questions and comments can also be sent to steve.coe@gmail.com

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Social Justice Policy Collective is composed of mental health activists committed to ending homelessness, incarceration and tragic health outcomes for people with mental health concerns

The Collective is majority peer led.

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Values and Principles

The Collective supports housing and treatment solutions that:

- are developed with the active engagement of service users;
- promote racial equity and human rights;
- emphasize social determinants of health;
- are cost-effective;
- are highly regarded by service users; and
- can be replicated on a scale commensurate with the need.