



NYAPRS BUDGET AND LEGISLATIVE AGENDA FY 2023-24

**NYAPRS 26th Annual Legislative Day
February 28, 2023**

Your Name

Your Locality/Legislative District

How to Contact You

Taina Laing, Jeremy Reuling, NYAPRS Board Co-chairs

The New York Association of Psychiatric Rehabilitation services is a state and national change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness, rights and recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.

Contact CEO Harvey Rosenthal at harveyr@nyaprs.org for more information.
www.nyaprs.org



NYAPRS 26th Annual Legislative Day Program

February 28, 2023

Hart Auditorium at The Egg, Albany, NY

Program Schedule

9:30 am Reception, Breakfast Eileen Crosby, Nicole Rodriguez, NYAPRS

10:00 am Welcome Taina Laing, Baltic St AEH, Jeremy Reuling, People USA, NYAPRS Board Co-chairs; Harvey Rosenthal, Luke Sikinyi NYAPRS

10:05 am NYAPRS 2023-2024 Public Policy Priorities Presentations

- 1. Save our Staff and Services! Fund an 8.5% Cost of Living Adjustment and \$500 Million Investment in Community Recovery Services for Community Based Mental Health and Addiction Recovery Agencies**
 - Glenn Liebman, MHANYS; Maria Kavouras, People USA; Erin Moran, NYAPRS
- 2. Funding for New and Existing Housing**
 - Doug Cooper, Association for Community Living; Jordyn Rosenthal, Community Access
- 3. Oppose Expansions in Kendra's Law and Coercion**
- 4. OUTREACH and ENGAGEMENT**

Approve Governor's \$2.8 million allocation for 3 new **INSET Peer Intensive and Sustained Engagement Teams** *Dillon Browne, MHA of Westchester*
- 5. Pass Daniel's Law (S.2398/A.2210)**, Stanley Martin, Parole & Reentry Coordinator, VOCAL-NY
- HOSPITAL DIVERSION PROGRAMS**
- 6. 3 Peer Crisis Respite Houses** *Maria Kavouras, People USA*
- 7. EVIDENCE BASED POST HOSPITAL DISCHARGE SERVICES**
 - **Someone To Walk Alongside You Through Admission, Discharge and in the Community: 3 Peer Bridger Programs** *Harvey Rosenthal, NYAPRS*
 - **A Place to Live: Housing that will Accept not Exclude People in Crisis 500 Pathways Housing First programs**
Shelly Nortz, Coalition for the Homeless
 - **A Place to Go: 3 Clubhouse rehabilitation programs** in upstate New York. *Nancy Singh, Restoration Society Inc*
- 8. Pass Clean Slate (S.211/A.1029)**, Ismael Diaz Jr., Advocate, Center for Community Alternatives (CCA)
- 9. Pass Treatment not Jail (S.2881B/A8524A)**, Kimberly Blair, Director of Public Policy & Advocacy, National Alliance on Mental Illness NYC



NYAPRS 26th Annual Legislative Day Program **February 28, 2023**

Hart Auditorium at The Egg, Albany, NY

Program Schedule (Continued)

11:05 am FEATURED SPEAKERS

- **Jihoon Kim**, Deputy Secretary for Human Services and Mental Hygiene
- **Dr. Ann Sullivan**, Commissioner, NYS Office of Mental Health
- **Assemblymember Aileen Gunther**, Chair, Assembly Mental Health Committee
- **Senator Samra Brouk**, Senate Mental Health Committee Chair
- **Senator Julia Salazar**, Senate Crime Victims, Crime and Corrections Committee Chair

11:45 am LUNCH at the EGG

12:15 pm March to the Capital!

1:00 pm Capital News Conference, Rally Million Dollar Staircase 3rd floor

1:45 pm Face to Face or Zoom Calls with Legislators and/or Staff

4:00 pm Return Home

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Summary: NYAPRS 2023 State Advocacy Agenda

1. Address the Mental Health Service System Crisis!

- a. Approve an **8.5% Cost of Living Adjustment** for Community Mental Health and Addiction Recovery Agencies and their Workforce
- b. **\$500 million investment** to honor previous state commitments

2. Investments for New and Existing Housing

- a. Approve **3,500 New Beds** Over 5 Years
- b. \$96.1 Million Total for **Rate Enhancements for Existing Housing**

3. Reject Proposals to Expand the use of Coercion!

4. Outreach and Engagement

Approve 3 Intensive and Sustained Engagement Teams (INSET) \$2.8 million

5. Pass Daniel's Law (S.2398/A.2210)

6. Hospital Diversion Models

- a. Fund 3 Peer Crisis Respite programs **\$1.4 million**

7. Invest in Post Hospital Discharge Services!

- a. **A Person to Walk Alongside: Fund 3 Peer Bridger Transitional Services \$2.5 million**
- b. **A Place to Live: 500 Pathways Housing First**
- c. **A Place to Go: 3 upstate Clubhouses Rehabilitation Programs \$2.5 million**

8. Criminal Justice Reforms

- a. Pass **Clean Slate** (S.211/A.1029)
- b. Pass **Treatment not Jails** (S.2881B/A8524A)

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Save our Services, Save our Staff!

**Raise the proposed Cost of Living Adjustment from 2.5% to 8.5%
and a \$500 Million Investment to Honor Broken Promises of the Past**

Although we are very pleased with many of the priorities and ambitious initiatives that Governor Hochul has included in her historic \$1 billion commitment to take on a broken mental health system, these commitments cannot be carried out without an 8.5% Cost-of-Living Adjustment tied to the CPI-U (July 2022) to meet the statutory obligations of the State.

This investment is essential to realize the many initiatives in the Executive’s proposed budget to enhance access to care and needed services for New York’s adults, children and families with major mental health challenges. Programs only work when they have a trained, experienced, stable workforce to implement and deliver them. In a sector battered by an unprecedented workforce crisis, where is the support to attract people to the field, compensate them fairly, and encourage them to stay in jobs where they make a difference?

Further, our community mental health and addiction recovery agencies and programs continue to be unable to keep up with the ever-rising costs of operating their essential services, including rent and other capital expenses, transportation, food, energy, insurance. With increasing requests for services and support, due, significantly to the pandemic, we must be able to provide the necessary services to New York’s adults, children, and families.

Further, a law was enacted in 2006 to provide a statutory annual COLA for human service providers tied to the previous year’s Consumer Price Index - Urban (CPI-U). But previous Administrations have reneged on statutory commitments to fund COLAs 13 times, amounting to cumulative shortfall of \$500 million.

Requests

- **Approve an 8.5% Cost-Of-Living-Adjustment COLA and**
- **A \$500 Million Investment In Community Based Recovery Services**

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Increase Access to New Housing Increase Funding for Existing Housing Programs

Even before the pandemic, housing under the State Office of Mental Health for people with major mental health challenges was at a critical breaking point. Due to lack of state funding and inflation, funding has eroded by 43--70%, forcing providers to do more with less as consumers' needs have increased significantly. Now, after nearly three years battling the pandemic, providers are underfunded and understaffed in an environment where it remains difficult to recruit and retain employees due to the low pay.

Housing providers are grateful for the funding received last year; however, due to significant increases in rents and inflation this year there remains a funding gap of \$96.1 million just to make housing providers whole and help keep pace with ever rising expenses.

Failing to adequately fund these programs means that the state is failing the most vulnerable among us. Moreover, mental health housing actually saves dollars in other areas, such as prisons, hospitals, and homeless shelters. Improving funding of community housing programs is the right thing to do, but it is also the smart thing to do, as housing programs help avert countless avoidable inpatient and detox admissions and incarcerations.

The low unit rates for many existing housing programs have led to reduced capacity and an inability to retain workers. Existing licensed and unlicensed housing program rates must be increased to match the rates given to new Empire State Supportive Housing Initiative (ESSHI) units. These rates affect Transitional and Long-Term Transitional Housing with Treatment and Supports, Permanent Housing with supports, and supported housing in scattered apartments.

Requests:

- **Support the Governor's proposal to fund 3,500 new units of housing over 5 years!**
- **Enhance unit rates for existing housing programs to match the new ESSHI unit rates!**
- **Provide additional funding for Community Residence programs to address 42% loss due to inflation!**

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Oppose Any Proposals to Expand Kendra's Law

The Vast Majority of People with Mental Health Challenges are Not Violent

People with mental illness are involved in 4% of violent crimes and are no more violent than the general public.¹ And critically, people with mental illness are eleven times more likely to be victims of general violence and five times more likely to be murder victims.²

There is No Evidence that Court Orders Help People with Mental Illness

A 1999 Bellevue study found that improved discharge planning and care management are key to improving the lives of people with serious mental illness, whether they received services voluntarily or via court order.³ Similarly, the 2005 Duke study authorized by the New York Legislature found that "it is difficult to assess whether the court order was a key ingredient in promoting engagement or whether comparable gains in engagement would have occurred over time with voluntary treatment alone."⁴ Last year, he acknowledged that "there's room for more research comparing assisted outpatient treatment with specific voluntary programs."⁵

There are Extensive Racial Disparities in the Application of Kendra's Law Orders

Last month, [OMH's own calculations](#) showed vast inequities in the application of Kendra's Law on Black and Brown New Yorkers, with 77% of all orders in NYC and 65% across the entire state, being entered against people of color. An extensive [2005 study](#) also showed comparable vast disparities based on race.

Innovative Voluntary Approaches in Serving Those with Serious Mental Health and Addiction-Related Conditions Show Enormous Success

In 1998, NYAPRS Peer Bridgers collaborated with a nurse and case manager to help a Queens resident with mental illness and multiple addictions, who had regularly refused to use traditional services, reduce detox admissions from seven to one, thereby also producing \$30,000 in Medicaid savings, a common benefit of peer support innovations. In this year's budget, Governor Hochul allocated \$2.8 million to fund 3 new voluntary peer outreach and engagement INSET programs that have successfully engaged and served 80% of individuals who would otherwise have been placed on a Kendra's Law order (see next page).

Request: Reject Proposals to Expand Kendra's Law and Other Forms of Coercion

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¹ <https://www.motherjones.com/politics/2014/06/myth-vs-fact-violence-mental-health-jeffrey-swanson/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1389236/>

³ <https://pubmed.ncbi.nlm.nih.gov/11239100/>

⁴ <https://my.omh.ny.gov/analyticsRes1/files/aot/aot-2009-report.pdf>

⁵ <https://gothamist.com/news/hochul-seeks-to-extend-kendras-law-rekindling-debate-over-court-mandated-mental-health-treatment>



Alternatives to Kendra's Law Approve \$2.8 Million to Expand INSET Peer Outreach, Engagement and Support Programs

INSET is a voluntary peer-led outreach and support innovation that successfully engages and supports people who might otherwise have been mandated to receive services via Kendra's Law court orders. The program that helps to bridge the gap for people who are currently in the hospital, jail, or have recently been discharged/released by providing more intensive services and facilitating connections to treatment services and natural supports.

Criteria for INSET services: The individual must meet criteria for a Kendra's Law court ordered treatment

What makes INSET different?

- Primary focus is on engagement
- INSET is voluntary
- INSET encourages recovery by increasing personal agency, self-determination and shared decision making
- We include the clinical, peer, family, and holistic perspective
- We do NOT give up! (INSET is persistent but not coercive)

Outcomes

- Reduced hospitalizations, both frequency and length of stay
- Reduced incarcerations
- Increased engagement in voluntary services and reduced need for mandated services

In the program's first 2 years, INSET received a total of 186 referrals, and voluntarily engaged and served 145 unduplicated participants (80%) who would otherwise have received an involuntary court order

For more information, contact Ruthanne Becker of the Mental Health Association of Westchester at BeckerR@mhawestchester.org.

Request: Support the proposed \$2.8 million to create and fund 3 local INSET programs

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Crisis Diversion Programs

Mental Health/EMT First Responders Pass Daniel's Law (S.2398/A.2210)

On March 23, 2020, Daniel Prude, a 41-year-old African American man in a mental health and drug related crisis, died after being physically restrained by Rochester, New York police officers.

Unlike other medical emergencies in which EMTs are first responders, police serve as primary responders for mental health and substance use emergencies in New York state. Police are not adequately trained for these crises, leading to far too many negative outcomes including unnecessary hospital visits, criminal legal system involvement, and physical harm or death.

We need teams of mental health experts and EMTs, rather than police, to be the first responders so we can provide quality care for New Yorkers in crisis, in the manner of the nationally acclaimed CAHOOTS (Crisis Assistance Helping Out On The Streets) in Portland, Oregon. This 34-year-old model mobilizes two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. The CAHOOTS teams deal with a wide range of mental health-related crises, including conflict resolution, welfare checks, substance abuse, suicide threats, and more, relying on trauma-informed de-escalation and harm reduction techniques.

The CAHOOTS model demonstrates that these fatal encounters are not inevitable. In 2019, out of a total of roughly 24,000 CAHOOTS calls, police backup was requested only 150 times.

Daniel's Law creates a statewide council that will work with local commissioners of mental health and addiction services to approve emergency response plans submitted by local governments. We expect that most counties will seek to implement a CAHOOTS styled model.

We must pass Daniel's Law this year, so no more families go through what Daniel Prude's and far too many others have had to.

Request: Pass Daniel's Law (S.2398/A.2210)

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Hospital Diversion Programs Peer Crisis Respite Programs

Peer crisis respite programs offer short-term crisis home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers who have their own personal lived experiences with behavioral health challenges, crisis, and moving forward towards wellness. Their highly trained and skilled staff ensure that people feel engaged, safe, comfortable, understood, and hopeful about their next steps.

Peer crisis respite programs are open and immediately accessible 24/7/365 for hospital diversion. The service is 100% voluntary. Guests can stay up to seven nights, and they can come-and-go for appointments, jobs, and other essential needs.

Respite house guests have access to a full, customizable menu of services designed to help them understand what happened that caused their crisis, educate them about skills and resources that can help in times of emotional distress, explore the relationship between their current situation and their overall well-being, resolve the issues that brought them to the house, learn simple and effective ways to feel better, connect with other useful services and supports in the community, and feel comfortable returning home after their stay.

Created by People USA in 2001, Rose House model peer crisis respites are a successful model that has been studied and replicated across the United States and internationally (39 total). People USA's four NY Rose Houses have diverted well over 25,000 psychiatric hospital days. These services are a highly cost-effective and trauma-informed approach to mental health crisis stabilization that ultimately aids in reducing the overall burden on the hospital systems and the taxpayers while improving outcomes for those in crisis.

Request: Allocate \$1.4 million to fund 3 new Peer Crisis Respite programs

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Evidence Based Post Hospital Discharge Initiatives

A Person to Walk Alongside You

Peer Bridger Programs

High readmission rates from local hospitals and unsuccessful adjustments to the community have often been due to the lack of effective engagement, discharge plans and supports, most notably hospital discharge plans that don't include appropriate housing, access to employment or entitlements, connections with natural resources, treatment, and the support of a Peer Bridger.

Since its creation in 1995, the Peer Bridger models have helped countless individuals with significant mental health and addiction-related challenges across New York and the nation to make successful transitions from local and state hospitals into their communities of choice.

Our focus is to support individuals to achieve health, behavioral health, housing and financial stability and to gain access to self-directed peer supports, rehabilitation, treatment services and community based natural supports.

Peer bridgers typically engage individuals with significant histories of repeat use of emergency and inpatient services, incarceration, and homelessness. We support them along the continuum of hospital admission to discharge and for 3-6 months or more as requested.

The program features intensive individualized peer support and peer support groups within the hospital and in the community and assists individuals to develop successful wellness, relapse prevention and crisis management plans.

The NYAPRS Peer Bridger™ Model has been shown to reduce local hospital readmissions for people served by 48%⁸ and for state hospital residents by 71%.

For more information, contact NYAPRS Peer Services Director Ellen Healion at ellenh@nyaprs.org.

Request: Allocate \$2.5 million to launch 3 OMH funded peer bridger programs

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⁸ Optum Peer Program Evaluation, July 2013



Evidence Based Post Hospital Discharge Initiatives

A Place to Live

Pathways Housing First Programs

The Pathways Housing First approach makes a commitment to offer permanent housing first to currently unengaged homeless persons, rather than requiring a period of stabilization, sobriety, or commitment to treatment to demonstrate housing readiness. This paradigm shift of viewing chronically homeless individuals who have major mental health and addiction related challenges as “housing ready” differentiates the Housing First approach. The Pathways Housing First approach is not a single model, however, but rather a set of general features that communities may interpret somewhat differently.

Often, Pathways Housing First residents were previously extremely poor and had limited work histories and low educational attainment, all of which can be significant barriers to obtaining and maintaining housing. Despite these challenges, a substantial proportion (43 percent) of our study sample remained in housing continuously for a full year.¹¹

There are five core principles of Housing First

- Immediate access to permanent housing with no housing readiness requirements.
- Consumer choice and self-determination.
- Recovery orientation.
- Individualized and client-driven supports.
- Social and community integration.¹²

Savings

One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years. Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program.¹³

Conclusion

Housing First models are effective and cost-effective approaches that provide immediate access to people with major mental health and addiction related challenges without requiring they are taking medications and not using substances, typically a major barrier to people in the greatest need. Participation is voluntary, precluding the use of a mandated Kendra’s Law court order.

Request: Create 500 Pathways Housing First Beds

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¹¹ <https://www.huduser.gov/portal/publications/hsgfirst.pdf>

¹² <https://www.headinghomeinc.org/housing-first-model/>

¹³ <https://www.headinghomeinc.org/housing-first-model/>



Evidence Based Post Hospital Discharge Initiatives

A Place to Go

Clubhouse Rehabilitation Centers

Based on an internationally acclaimed and replicated model created in New York City in 1948 by Fountain House, Clubhouses are local community centers that provide members with opportunities to build long-term relationships that, in turn, support them in obtaining employment, education and housing, including:

- assistance in accessing community-based educational resources;
- access to crisis intervention services when needed;
- evening/weekend social and recreational events; and
- assistance in securing and sustaining safe, decent and affordable housing.

Clubhouses offer people who would otherwise spend day after day alone and isolated, a place where they can get meaningful socialization, learn new skills, show off skills they are proud of, access needed resources, and have meaning in their life again.

They offer essential support to an array of individuals, including those who experience homelessness or unstable housing, histories of incarceration and justice involvement, and mental health, addiction and medical challenges.

Clubhouses work. For example, Fountain House members are hospitalized and experience crisis significantly less than others with major mental health challenges, resulting in 21% lower Medicaid costs. Our members complete their education, find paid work, and achieve health and wellness goals at significantly higher rates than people living with serious mental illness who don't have access to our programs.

\$750,000 is all it would take to operate a Clubhouse in accordance with ICCD Standards 365 days per year, 66 hours per week. This funding would enable the Clubhouse to serve 500 individuals annually (\$1500 per person to have access 365 days per year or \$4.11 per day)

Request: \$2.5 Million allocation to launch 3 OMH funded Clubhouse programs in upstate New York

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CRIMINAL JUSTICE REFORMS CLEAN SLATE CAN'T WAIT!

More than one in seven has a conviction record, which keeps many from accessing basic opportunities like employment and housing. Because background checks are used in so many circumstances, many individuals with conviction histories feel that they can never move forward with their lives.

Clean Slate legislation will automatically clear a New Yorker's conviction record once they become eligible. The impact of a conviction record is often wide-ranging and enduring—permanently barring many individuals from basic opportunities like stable jobs, licenses to practice trades, and safe, secure housing. Clean Slate NY is about strengthening our communities by ensuring that New Yorkers are not punished beyond their sentences and can be full and fair participants in economic and civic life.

New York's Sealing Law Is Not Enough

A 2017 New York State law allows for conviction records to be permanently sealed under certain conditions. Unfortunately, far too few people know how to apply or have the resources to do so: an estimated 600,000 New Yorkers are eligible to apply for records sealing under this law, **fewer than 2,500—less than 1%—**have made it through the complex, burdensome process. And many hundreds of thousands more individuals with conviction records blocking their path forward are not even eligible to apply.

Clean Slate Will Help Power New York's Economy

With more than 400,000 New Yorkers arrested on criminal charges each year, the exclusion of people with conviction records from employment opportunities via background checks and other barriers hurts productivity and deprives the workforce of crucial talent. The ACLU estimates that, nationally, excluding individuals with conviction histories from the workforce **costs the economy between \$78 billion and \$87 billion in lost domestic product.**

We Cannot Ignore Racial Disparities In Policing And Prosecution

Automatic sealing is fundamental to addressing the wrongs of over-policing, excessive prosecution, and racial injustice in our criminal legal system and to reducing the systemic barriers that disproportionately impact low-income individuals of color. In New York City, for example, **48 percent of those arrested for marijuana possession in 2017 were black, 38 percent were Latinx, and only 9 percent were white.**

Request: Pass Clean Slate (S.211/A.1029)

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CRIMINAL JUSTICE REFORMS PASS TREATMENT NOT JAIL! (S2881B/A8524A)

Amending Criminal Procedure Law Article 216 of the judicial diversion law expands eligibility for treatment for court-involved individuals and shifts the presumption from incarceration to community support. The Treatment Not Jail Act will ensure that New Yorkers with disabilities and other health-related challenges are provided an opportunity to obtain treatment and support in their communities.

What Does the Treatment Not Jail Act Do?

- Expands New York's judicial diversion law by including people with mental health challenges, intellectual, neurological, physical, and other disabilities, who can benefit from treatment.
- Ensures that treatment court participants are not jailed without due process.
- Eliminates coercive and ineffective mandated treatment by permitting participation in treatment court without requiring a guilty plea.

Background

- New York State over-relies on jails and prisons as the primary treatment provider for people with mental health needs.
- Too many people are denied opportunities for diversion because prosecutors act as gatekeepers to treatment.
- People with disabilities and other health-related challenges deserve equal access to diversion across New York State.

Why Is It So Important to Offer Treatment Without a Guilty Plea?

Research shows that when someone is motivated to change of their own interest, those changes last longer than when motivation comes from external pressure, such as the threat of punishment.

Additionally, many non-citizens cannot take advantage of diversion programs that require a plea up front because even a vacated plea can result in deportation or other negative immigration consequences.

Under the current law, only people with substance use disorders charged with certain drug and property-related offenses are eligible for diversion. This bill would expand eligibility to more effectively address root causes of criminal legal system involvement and provide resources to those who need them most.

TNJ promotes public safety, relying on a robust body of research that consistently shows that jail leads to more – not less – criminal involvement. As these studies and our collective experience demonstrate, incarceration is a profoundly destabilizing and traumatizing experience, especially for those with mental health and substance use challenges.

Request: Pass Treatment not Jails (S.2881B/A8524A)

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