



Testimony before the New York Attorney General's
Hearing on New York's Mental Health Crisis
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Presented by:
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Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives

www.communityaccess.org

Thank you to Attorney General James for convening this hearing and prioritizing mental health care accessibility in New York. As the CEO of Community Access, I lead an organization that is one of the most progressive and rights-based supportive housing and mental health agencies in New York City. Our staff consists of more than 350 people who work daily to support thousands of individuals living with mental health concerns in accessing services and living self-determined lives in the community.

We are also one of the leading providers of supportive housing in New York City, and we are the originators of an integrated housing model, which has become a best practice nationally: affordable and supportive housing where families reside alongside people living with mental health concerns. We support thousands of New Yorkers living with mental health concerns through supportive housing, mobile treatment teams, job training, supported education, advocacy, crisis respite, and other healing-focused services. Community Access is also proud to be a founding member of the Correct Crisis Intervention Today in NYC Coalition (CCITNYC)¹, which is committed to transforming New York City's mental health crisis response.

I must begin my testimony by discussing the need to shift the focus away from short-term inpatient psychiatric services when addressing our state's mental health crisis. Accessible mental health care should be a top priority for New York, but relying on inpatient institutional approaches results in outcomes that do far more harm than good. For too long, the default destination for New Yorkers in crisis has been the emergency department, inpatient hospitalization or incarceration. While there is the need for a small availability of inpatient services, the future of our mental health care system must be rooted in approaches that are rights-based, peer-informed², culturally competent³, trauma-informed⁴, and truly person-centered⁵. These strategies promote recovery and respect the human rights and dignity of people living with mental health concerns.

We need a spectrum of services, provided by peer-informed, community-based organizations, that offer accessible preventive services, timely trauma-informed crisis response, and post-crisis connection to a truly person-centered and rights-based public mental health system. By the time someone experiences a mental health crisis, the system has already failed them. Instead, we must ask people what they need, or needed, to avoid the crisis situation. People are experts in their own lives, and our mental health system must respond to that basic truth, taking people's expressed needs as our guide. Then we can build the community supports that will prevent crises in the first place. We need a greater investment in these approaches, not inpatient psychiatric beds.

¹ <https://www.ccitnyc.org/>

² <https://www.mhanational.org/peer-services#:~:text=Peers%3A%20Their%20Roles%20and%20the%20Research&text=Peer%20supporters%20are%20people%20who,unique%20position%20to%20offer%20support>

³ <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>

⁴ <https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>

⁵ <https://www.sharp.com/health-news/applying-patient-centered-care-to-mental-health-treatment.cfm>

As a mental health service provider, I have seen firsthand how transformative the right approach can be for people who have not been well served by more traditional models. Community Access' Crisis Respite Center is a prime example. The center offers an alternative to hospitalization for adults experiencing a mental health crisis. Guests at our crisis respite center find warmth, empathy, and a welcoming environment. The center is almost exclusively staffed with peers, people with lived mental health experience. Individuals can come and go from the respite as they please, and have access to recovery-oriented services, including 24/7 peer support. Community Access' crisis respite center has been serving New Yorkers experiencing psychiatric crises since 2013 – in a voluntary, non-coercive community-based setting. It is a model for non-institutional crisis response. We look forward to building on this peer informed approach when we open our first intensive residential crisis program in 2023. Our program, slated to open on the Lower East Side next year, will be another opportunity to demonstrate the efficacy of non-coercive, non-institutional approaches to meeting the needs of people experiencing psychiatric crises.

A just future for all New Yorkers cannot rely on coercive and discriminatory models of intervention. We insist that any services and treatments New York State employs to support people living with mental health concerns be devoid of any coercive measures. Time and time again, tragic cases in which people have fallen through the cracks illuminate the failures in our public mental health system but involuntary, coercive interventions are not the answer.

Community Access opposes the state's recent expansion of Assisted Outpatient Treatment (AOT)⁶, colloquially known as Kendra's Law. In addition to the problematic involuntary aspects of AOT, the policy has been deployed in discriminatory ways – since its inception, 77% of AOT orders have involved BIPOC people in New York City.⁷ This is another compelling reason that it should not be relied on. Instead, we need more investment in proven strategies that promote recovery and respect the human rights and dignity of people living with mental health concerns.

And finally, Community Access supports New York's efforts to fund the 988 crisis hotline infrastructure as an alternative to 911⁸. While we understand it will take some time for the education and public awareness work to take hold, an alternative to 911 for crises will save lives. This new system must move us further away from having police officers respond to mental health crisis calls—a policy priority Community Access has been championing for decades, both on our own and as founding members of CCIT-NYC.

Thank you for the opportunity to submit testimony. I look forward to working with the Attorney General James, as well as our partners at the NYS Office of Mental Health, to advance community-based service options and ensure providers statewide have the resources they need to offer the supports our communities rely on. If you and your staff have any questions, or if Community Access can offer direct

⁶ <https://www.gothamgazette.com/state/11233-state-budget-decisions-mental-illness-policy-kendras-law>

⁷ <https://www.madinamerica.com/2019/07/kendras-law-racist-classist-involuntary/>

⁸ <https://www.nysenate.gov/legislation/bills/2021/s6194/amendment/a>

support to members in your district, please reach out to me at chedigan@communityaccess.org or 212-780-1400, ext. 7709.