



Preliminary Budget Hearing Testimony Before the New York City Council Committee on Finance

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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, Chair Brannan and members of this committee, for convening this hearing on the FY 2023 Executive Budget. As the CEO of Community Access, I lead an organization that has long been at the forefront of efforts to transform our public mental health system into one where the voices of people living with mental health concerns are centered and play a vital role in the design, delivery, and evaluation of services.

Community Access is 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. Our 350-person strong staff work daily to 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 the City's mental health crisis response.

Mayor Adams' FY23 Executive Budget touts "an equitable, inclusive recovery for all New Yorkers," but it lacks equity for the workforce that shows up every day to make sure there is a safety net for our city's most vulnerable residents. Amid a housing crisis that has led to record numbers of people experiencing homelessness,² and a mental health crisis, this labor is essential, but the Executive Budget fails to make an investment that will support and sustain this workforce.

Without pay equity for the human services workers, NYC's nonprofits cannot provide the services that New Yorkers need. Our city's recovery, resilience, and its health depend on this workforce, which is predominantly made up of women and people of color, yet they are paid poverty wages. Our City-funded contracts are structured in such a way that nonprofits cannot raise wages and benefits without increased funding from the city. The current wage structure has led to vacancies and retention issues that make it increasingly difficult to do this work. At Community Access, our supportive housing staff vacancy rate is close to 30%. I cannot overstate the need to investing in this sector to enable providers like us to recruit and retain staff.

While the Council thankfully included a 4% (COLA) adjustment for human services contracts in the preliminary budget response, Mayor Adams did not include this funding in the FY23 Executive Budget, effectively ignoring this essential workforce. This is shameful. The city must match the State's 5.4% COLA. To do otherwise would send a terrible message to this essential workforce: your contributions to our city are not valued. In addition, if the City fails to fund the COLA, workers could be paid differently within the exact same role based on the funding source for their position, creating an unfair and inequitable pay disparity within organizations like Community Access. Funding the 5.4% COLA must be a budget priority.

¹ <https://www.ccitnyc.org/>

² <https://www.coalitionforthehomeless.org/state-of-the-homeless-2022/>

Turning to how our city responds to people experiencing mental health crises, the FY23 Executive Budget includes \$55 million to expand the Behavioral Health Emergency Assistance Response Division (B-HEARD) initiative. B-HEARD was intended to significantly decrease the number of mental health crisis calls that receive a law enforcement response. It is failing in this regard.

After six months in operation, only 22% of calls were routed to the B-HEARD teams, and of those only 82% were responded to by the teams.³ We urgently need a true non-police response. Lives are at stake. As a reminder, 19 New Yorkers experiencing a mental health crisis have died in police encounters since 2015 alone.

The pilot has been launched for almost a year now, but the public has not received any updated data since the 6-month mark, despite its expansion into nine precincts in Harlem, Washington Heights, Inwood, and the South Bronx. Meanwhile, the Executive Budget proposes to expand the program into Central Brooklyn, Eastern Queens, and additional areas of the South Bronx. The lack of transparency and accountability is unacceptable. Why is NY expanding the pilot to more precincts when it is clearly not meeting its objectives? What body is evaluating the pilot? What is being learned about the barriers to deploying health only teams? We cannot continue to expand a program based on its unimpressive numbers from six months ago, and without a clear indications of its current impact.

Additionally, the B-HEARD program was created and continues to operate without input and participation from impacted communities, especially peers (people with lived mental health experience). Community Access has worked diligently as a member organization of the CCIT-NYC Coalition to develop a proposal, presented before the New York City Council in 2020, in which we outline required elements of a peer driven, health-only crisis response framework.⁴ The proposal was developed in consultation with affected communities through two focus groups, each attended by more than 100 peers, and an ongoing community survey.

The core components of the CCIT-NYC proposal are:

- The removal of police responders
- Calls routed to a call number other than 911
- Response teams made up of trained peers and emergency medical technicians (EMTs)
- Peer involvement in all aspects of planning, implementation, and oversight—nothing about us, without us
- Expanded development and funding of non-coercive mental health services (“safety net”), including respite centers, increased safe-haven capacity, and 24/ 7 urgent mental health care, to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient
- Training teams to use a trauma-informed framework
- Response times comparable to those of other emergency services

³<https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/12/FINAL-DATA-BRIEF-B-HEARD-FIRST-SIXMONTHS-OF-OPERATIONS-12.15.21-1.pdf>

⁴ <http://www.ccitnyc.org/wp-content/uploads/2021/02/CCITNYC-Pilot-11-2-20.pdf>

- 24/7 operating hours
- Oversight by an advisory board of 51% or more peers from impacted communities

B-HEARD does not include any of these core components. We still can, and must, create a system that is better prepared to respond to mental health crises and to protect New Yorkers. In the FY 2023 budget, we ask the City to:

1. Enact into legislation the CCIT-NYC proposal to create a non-police, peer-driven mental health crisis response
2. Allocate \$112 million annually to fund the CCIT-NYC proposal for a non-police, peer-driven mental health crisis response.
3. Enact legislation to amend the operation of the Mayor's Office of Community Mental Health (MOCMH) by adding peers, mental health advocates, and providers to the oversight board; requiring the development of an annual strategic plan that enables New Yorkers with mental health concerns to connect to mental health services and appropriate housing; and requiring publication of quarterly reports showing progress made on achieving the strategic plan's objectives.

I am proud of the work Community Access and other allied organizations have done to push the conversation about mental health service delivery in a direction that is more person-centered and rights-based. With thoughtful policy choices and investments, we can create a more just city that meets people's needs, protects them from harm, recognizes human dignity, and supports them to make decisions about their own health and wellness.

We must invest in community-based services, supportive and affordable housing, and other person-centered programs that prevent mental health crises from happening in the first place. As a provider of Intensive Mobile Treatment (IMT) Team services in New York City, I have seen firsthand how transformative the right approach can be for people who have not been well served by more traditional models. We applaud the inclusion of \$174.6 million in the Executive Budget for street outreach, drop-in centers, and new stabilization beds and safe-havens.

As our city continues to grapple with record numbers of people experiencing homelessness, we must change our approach to look at this not as a homelessness crisis but as the affordable housing crisis that it truly is. The City must move on from the idea of a right to shelter to the understanding of housing as a fundamental human right—and a vital determinant of individual health and mental health. Furthermore, we must establish policies and budget priorities that support that truth. While the City has invested heavily in new housing developments, we know more needs to be done to develop and preserve supportive and deeply affordable housing. We need accelerated investment in supportive and deeply affordable housing today to pave the way for a future where all New Yorkers will be stably housed. Nonprofit housing developers are mission-driven and committed to permanent affordability, and we are natural partners for the City in ending the affordable housing crisis.

The Executive Budget includes \$2.1 billion for the Department of Housing Preservation and Development (HPD), a 22% increase over February's Preliminary Budget for FY 2023, and a 38% increase over the planned commitment for the current fiscal year. This is an important step, but it falls short of the \$4 billion per year the mayor promised on the campaign trail.⁵ With rising interest rates, construction costs, and rents, a larger investment is needed to meet the demand for supportive housing.

I appreciate the Council and the Mayor's focus on developing a budget that creates an inclusive and equitable recovery for New Yorkers. We can make these priorities a reality if we invest in supportive housing, person-centered mental health services, and a crisis response system that protects New Yorkers. And crucially, the human services workforce must be adequately compensated for their work. We cannot achieve these other goals without them.

Thank you for the opportunity to submit testimony. I look forward to working with the chair and members of this committee to advance community-based service options and ensure providers citywide 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 support to members in your district, please reach out to me at chedigan@communityaccess.org or 212- 780-1400, ext. 7709.

⁵<https://thenyh.org/2022/02/17/mayor-eric-adams-fails-to-deliver-on-promise-to-double-housing-investment/>