



Recovery  
Options  
Made Easy

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*We lead with what we know!*

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Good Afternoon,

I am Shannon Higbee and I serve as the CEO of Recovery Options and a board member of the New York Association of Psychiatric and Rehabilitation Services. Recovery Options is a peer-run organization that provides multiple recovery supports to individuals experiencing mental health concerns across 10 counties in Western New York and the Finger Lakes Region. Our services include supported housing, community-based recovery services, and crisis response programs including crisis respites and warmlines. Today I speak on behalf of 4 Western NY nonprofit community-based agencies, Restoration Society (Buffalo), Community Missions (Niagara Falls), Liberty Resources (Rochester) and Recovery Options.

We are all members of the New York Association of Psychiatric Rehabilitation Services, a 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 under the leadership of their CEO, Harvey Rosenthal. Together we bring nearly 250 years of collective experience in providing high quality peer-focused community mental health services.

We greatly appreciate the Attorney General's interest in 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. We also acknowledge that New York State has made a number of significant investments in the mental health crisis continuum and mental health services as a whole. This is only a first step in supporting true mental health recovery.

Every day we see the plight of far too many children, families, and adults who are forced to linger in acute states of crisis in hospital waiting rooms across our region for hours to days due to the systemic crisis that prevents us from providing a rapid, effective and recovery-focused crisis response. The crisis services and supports they may eventually receive at these facilities often fail to fully address the needs of the individual when proven models for voluntary community alternatives do exist. We do not believe that a blanket response of increasing inpatient hospital beds is an appropriate solution to address the complex needs of New Yorkers experiencing mental health crisis.

Our agencies offer a range of peer operated services that are uniquely engaging and effective in advancing wellness, recovery and community integration. These services address a range of needs

including services for children and families, housing support, advocacy, employment services, crisis and wellness planning, community engagement, homeless services, and crisis response services utilizing proven and evidenced-based models.

We are especially adept in providing a continuum of crisis services that are getting considerable attention across the state. For example, Recovery Options is poised to open the first-of-its-kind Kirsten Vincent Respite and Recovery Center in the Fruit Belt Neighborhood in Buffalo, NY in early 2023 that combines multiple levels of crisis and community services and supports in one facility through collaboration with Spectrum Health and Human Services and Western New York Independent Living. Using proven models of hospital diversion, this center and others like it offer a voluntary, recovery-focused alternative to inpatient hospital care that promotes ongoing community independence for its guests. We have also launched a peer workforce development project in the Fruit Belt to support the staffing of The Center and keep our commitment to the Fruit Belt community to staff for the community from the community.

However, a lack of community and first responder understanding of how to refer individuals to these alternatives in the community creates a systemic under-utilization peer-operated services where hospital emergency rooms become a default response to all mental health crisis regardless of available alternatives. This cycle can only be broken through developing, fully funding, and appropriately marketing and educating both the public and the providers including first responders on a full continuum of crisis resources that focus on alternatives including the 9-8-8 crisis hotline, mobile crisis teams, crisis stabilization, and 'Living Room' and urgent care drop-in programming.

These programs are highly effective in diverting people from hospital emergency and inpatient settings but are often not funded at a level that allows for consistent and quality staffing or effective community marketing. We have inadequate community crisis supports funded at an inadequate level to provide competitive pay for quality staff and community education and marketing about viable alternatives to hospitalization. Stronger investment in and utilization of these proven service models will ultimately reduce reliance on costly and ineffective hospital systems as the primary provider of mental health crisis care.

Further, 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. To that end, we offer a number of very effective diversionary and post-discharge services, many of which are staffed by peer support specialists who are all specially trained to engage, support and de-escalate crises as needed.

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.

Yet, we are confronted with a number of barriers to making these more central to local

communities in Western New York:

- Inadequate crisis supports available – We currently have only 4 mental health respite beds for all of Erie County with comparatively limited beds in surrounding counties including only 4 beds for all of Chautauqua and Cattaraugus Counties collectively.
- Lack of statewide marketing to increase education and awareness surrounding voluntary crisis alternatives to hospitalization aimed at both the general public and providers including first responders.
- Inadequate funding for existing crisis supports to appropriately staff and independently market voluntary crisis alternatives.

When hospital stays are deemed necessary, our systems are plagued by inadequate discharge plans that do not lead to a remediation of mental health, medical and social needs that brought people in in the first place.

NYAPRS believe that appropriate, effective and humane discharge plan should include:

- 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

NYAPRS also strongly supports the deployment of teams of peer counselors and EMTs that provide highly effective, evidence-based alternatives to police first as has been proposed in Daniels Law' legislation that has been proposed by Senator Samra Brouk and Assembly member Harry Bronson and that we are working to see approved during the current session.

Furthermore, 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 the field and the clinic is not able to re-hire.

Finally, Western New York is experiencing a housing crisis that has been developing over decades and has been exacerbated by the Covid-19 pandemic and recent major disasters. This crisis disproportionately affects those in need of supported and subsidized housing. Homelessness is growing across the region in both urban and rural communities. Homelessness and substandard housing have a significant negative impact on mental health recovery.

Additional investment in particularly scattered-site supported housing as well as other housing options that can be brought online quickly is vital for New Yorkers experiencing mental health concerns.

On a personal note, I live in Chautauqua County and have had several family members either leave the are to receive appropriate mental health or substance use treatment or simply not receive treatment at all due to lack of available resources. These are individuals seeking help to recover who span multiple generations with both private insurance and Medicaid or Medicare insurances. This cannot continue to be an acceptable level of care for New Yorkers experiencing mental health challenges and crises.

Thank you for the opportunity to share these recommendations with you today.

Sincerely,

*Shannon Higbee*

Shannon Higbee

CEO

Recovery Options Made Easy





