

My name is Kimberly Hubert-Bickel and I want to thank you for seeking feedback related to mental health care for people with serious mental illness in the Western New York region. I am writing to you regarding access to mental health from my personal and professional experience.

A little about me:

- By day, I serve as the Director of Community Outreach at Save the Michaels of the World. <https://www.savethemichaels.org/>
- I am the founder of Anchoring Hope of NY; an organization focused on thinking differently. <https://anchoringhope.org/>
- I facilitate NarAnon and NAMI Family Support Groups as well as serve as the liaison for self advocacy groups at Heritage Christian Services for people with Developmental/Intellectual Disabilities. <https://heritagechristianservices.org/>
- I also sit on the board of NAMI Buffalo & Erie County <https://www.namibuffalony.org/>

However, my most significant role is being a loved one to individuals affected by mental illness and substance use conditions.

I believe all of these endeavors have provided me with a better understanding of needs and challenges (e.g., lack of and quality of services available).

I believe the below are continued concerns limiting people's access to mental health care; further limiting their ability to recover:

- Medicare: when a person has Medicare only, it is very difficult to locate a provider for Drug and Alcohol Rehabilitation Services.
- Co-occurring Disorders and Conditions limit where a person receives services. People with significant mental illnesses are often denied Drug and Alcohol Rehabilitation Services. What are people with Co-occurring Conditions to do? Collaboration between the Office Mental Health and OASAS is critical at this time.
- CHOICE – people deserve choice. During health-related emergencies, people have choice where they will receive care yet during involuntary psychiatric related emergencies, choice is not honored. Based on horrific experiences, we have advocated for Jesse's Law. <https://www.nysenate.gov/legislation/bills/2021/S7878>
- Collaboration is a must when people are being provided care as well as during discharge from a psychiatric stay. <https://www.nysenate.gov/legislation/bills/2019/S6629> Also, more oversight of the care provided as well as quality discharge is needed. (i.e., Education/ Adherence of Psychiatric Advance Directives, Article 81). People continue to be discharged in an unsafe manner and most often providers refuse to collaborate with loved ones. Many times, I shared concerns for my son's safety. Yet, I was disregarded with the statement of “well if you don’t pick him up, we will just call him a cab.” At times, requiring that I find an adult caretaker during my work hours. Sadly, I have watched families plead for their loved one to remain hospitalized yet discharged and

within hours, and they subsequently committed suicide. A model similar to OPWDD's Self Direction may be beneficial to those affected by mental illness.

- More funded Community Resources. Community Centers can serve as a safe space as well as a resource to support success.

By day, I oversee the Community Outreach team at Save the Michaels House of Hope in Lockport. We provide a drop in area for people at risk and people experiencing homelessness. This area provides a safe space during the day (i.e., activities, access to technology, etc.). We also have staff on hand to support with navigating benefits, housing, etc. Many of the people we welcome can benefit from services through OMH, OPWDD, OASAS, etc. yet they have never been informed of available services. The level of support provided is based on each person's ability - many require much support to understand services, to complete the necessary steps, etc. And in some circumstances, some individuals do in fact have case managers; yet they do not receive the necessary support needed to be successful. Giving a website or handing someone an informational packet is at times just not enough. We need to do more, we need to do better.

In Lockport, the number of people served in a shelter is very limited. Women and children are often relocated to the Niagara Falls area (i.e., hotels); away from everyone and everything they know. Recently, we began working with a woman who experienced trauma in the Niagara Falls area (she is adamant she will not return to Niagara Falls). Her mental health appears to be declining each day. The local shelter will not welcome her based on the fact that they do not feel her mental health to be stable enough. She sleeps in locations where she is able to find warmth (i.e. laundromat, etc.) We continue to support this person to the best of our ability, yet – at times, determining how to best support is surely a challenge. I monitor the weather daily hoping for it to be 32 or below by 7pm – because then warming shelters are open during the overnight hours. With limited housing, shelter it at times seems impossible to ensure peoples wellbeing. Access to mobile psychiatry has great potential of benefitting many. Eliminating the silos of mental health care, increasing the direct support people are receiving who are in need, seems a beginning to address the mental health crisis in the Western New Region.

Thank you for the opportunity for this testimony.

Sincerely,
Kimberly Hubert-Bickel