

**Joint Senate/Assembly Budget Hearing on Mental Hygiene Testimony of Sebrina Barrett
Executive Director of the Association for Community Living
February 13, 2024**

Thank you for this opportunity to testify.

I am Sebrina Barrett, Executive Director of the Association for Community Living.

Our members provide housing in communities across New York State for more than 42,000 people with severe mental illness. Our staff help them achieve recovery and independence.

Our staff are struggling. More than 1 in 5 positions are vacant. Those who show up to work have to do more. Many don't make a living wage. They have to work two or three jobs to support their family. They can't afford childcare and healthcare.

Our ability to recruit and retain workers is becoming harder and harder. Our members report a reduced applicant pool, significant interview no-shows, and high staff turn-over.

To make things worse, the costs for everything have gone up — food, utilities, insurance.

Our members need a full 3.2% COLA. Anything less is a CUT. Because without a COLA that keeps pace with inflation, funding will again go backward, and a funding gap will return.

But, our members already know well what that looks like. After years of ZERO COLAs, they cut, they scrimped, and they learned to do more with less. There are no more corners that can be cut. There are no more pennies to be pinched.

Housing providers are grateful for the investments over the past two years — but those investments, after decades of very little, have only allowed providers to take a breath. These investments aren't enough to sustain — and more important to MODERNIZE — these important programs, which

are outdated and struggling to serve today's residents. Since our housing models were created as many as 40 years ago, everything has changed but the funding model.

Today's residents take 15-plus daily medications, as opposed to yesterday's resident who took 1 or 2.

Today's residents have few if any daytime rehabilitation programs to attend, and look to housing staff for activities, unlike yesterday's residents who could find supportive services outside of the residence.

Today's residents have multiple co-occurring conditions, like substance use disorder, and struggle with severe addictions, unlike many of yesterday's residents whose only diagnosis was mental illness.

Today's residents are older, and many present complex medical conditions and daily living needs which require support that our program models do not provide, unlike yesterday's residents who were able to be independent.

Today's residents live in programs that are highly regulated, require technology and privacy resources, as well as security measures that weren't even thought of when the models were created.

Today's residents consist of the individuals who are considered the hardest to serve in the community. Our referrals come from state and community hospitals, jails and prisons, street homelessness, and shelters.

Today's residents live in program models that are 30 and 40 years old. They deserve to live in programs that meet today's needs, and not programs created for yesterday's residents.

We recognize that needed model enhancements will require investments. The plan we have created estimates that the total cost to these enhancements will be about \$230 million. It is a plan that could be phased in over time — but it is also a plan that can't wait.

Today's residents are suffering the impacts of program models that don't address their major needs — such as co-occurring medical conditions, aging, addiction, safety, security, and a fairly compensated and consistent workforce.

We respectfully request a full 3.2% COLA as well as additional investments so that our outdated programs can begin to meet today's needs.

Thank you.