Good Afternoon Senator Krueger, Assemblywoman Weinstein, Senator Carlucci, Assemblywoman Gunther, Members of the Committee, and additional members of the Legislature. My name is Antonia Lasicki and I am the Executive Director of The Association for Community Living (ACL). ACL is a statewide membership organization of not-for-profit organizations that provide housing and rehabilitation services to more than 35,000 New Yorkers who have been diagnosed with serious and persistent psychiatric disabilities. They also operate many of the other mental health community-based services in the state.

My organization is a member of, and helped to launch the Bring It Home campaign—a statewide coalition of community-based mental health housing providers, mental health advocates, faith leaders, consumers, and their families. Through education and advocacy, our coalition is working to bring better funding for better care to New Yorkers who live in mental health housing programs. To date, we have 152 organizations, more than 900 individuals, and over 100 Faith leaders signed onto the campaign as supporters. The supporting providers in that group operate almost all of the nearly 40,000 community-based units of mental health housing in the state.
On behalf of our growing coalition, I want to thank you for the opportunity to testify here today and voice Bring It Home’s message to secure adequate funding for our critical mental health community-based housing programs.

The 2019-2020 Governor’s proposed state budget adds $10 million to raise rates for OMH Housing programs. However, if OMH follows its previous years’ policy only some programs will get an increase and in only some parts of the state, but the programs are in all counties in the state and there are 5 models of housing.

All the programs have lost 40% - 70% of their funding due to inflation depending on the housing model. Even the programs that have received some modest increases in the last 4 years have lost more of their funding to the cost of rent increases than they have received. I have attached one chart that shows how the programs have fared compared to inflation over the last 20 years and another that shows what an adequate Supported Housing rate would be in each county in the state.

Services for people in the programs have diminished while their needs have increased. I have been involved in mental health housing for more than 30 years. I was once a direct care worker, a program manager, a program director, and an executive director. I have watched over the years as the clients we serve came to us with more and more behavioral health challenges, more physical challenges and chronic illnesses, and more substance use issues; yet the staffing levels have not changed since the 1980s. Our providers tell us every year that managing the medical issues, e.g., diabetes, asthma,
COPD, obesity, and the metabolic issues; that result from years of taking strong anti-psychotic medications, have become a serious challenge for their staff. They tell us that consumers’ drug and alcohol use exacerbate their mental illnesses causing more serious behavioral issues.

New York has historically been a national leader in mental health care. Under the leadership of both Governor Andrew Cuomo and his father Mario Cuomo – and with the strong support of the Legislature – New York set new national standards for caring-for and protecting people with psychiatric disabilities. However, despite offering a breadth and depth of mental health housing that is unparalleled in the nation, (nearly 42,000 including state operated, all adult and children), the state has not kept its promise to adequately fund these housing programs that care for our family members, friends, and neighbors who most need help.

Managing the challenges that our clients present is only part of the problem now. The funding issues are so acute that the very existence of these programs is in jeopardy.

Here is the reality: despite the most recent additional funds, our mental health housing system is now at a financial breaking point. By not providing these housing programs the funding they need, recovery can be impacted negatively to the point of destroying lives and families. Beyond those moral implications, ignoring this funding crisis creates a tremendous burden for New York’s taxpayers. Vulnerable New Yorkers that rely on our services are at risk of displacement. They can be hospitalized, become homeless,
enter nursing homes, or become incarcerated—all at greater taxpayer expense than the support we offer.

But, do not just take my word when it comes to the alarming and long-lasting negative effects of not providing adequate funding and support for mental health housing. Our coalition members have written letters to the Governor to urge him to act and to also shed light on the level of jeopardy that the programs face. Here are some of their concerns in their own words.

**One provider in Brooklyn** said, “Because of the state’s failure to address the erosion issue of this vital system, our agency is facing serious financial challenges to continue to operate this important supportive housing program. To highlight this challenge, the 2018 Fair Market Rent for a studio apartment in New York City is $1,514. The annualized rent cost for this apartment is $18,168 which is roughly $2,000 more than we receive as an annual payment for a unit. We have reduced costs in every area of the budget, including personnel costs. We have supported this program with in-kind staff and resources. We can no longer afford to do so.”

Another, also in Brooklyn, stated, “Our agency incurred a $343,000 deficit in Supported Housing alone last year.”

From Central New York Services, John Warren said “The Agency is not able to hire nursing support to ensure continued community stays. Visiting Nurses and other
community based medical services are oversubscribed in Syracuse, the second most poverty-stricken city in the State."

In the Western part of the state one provider said, "We need relief from the financial stress we are experiencing before we reach the point when we are unable to continue to operate housing that we and the State have worked so tirelessly to build. We cannot move backwards in our efforts to support some of our most vulnerable citizens."

Ellen Pendegar from the Mental Health Association in Ulster County said, "It is extremely important that you, as Governor, continue the commitment made by your father when he was Governor, to provide the national's best system of community residential living options for individuals living with serious mental illness."

Elizabeth Smith from the Unity House of Cayuga County stated, "New York State is asking providers such as Unity House to reduce emergency room visits, hospitalizations, and readmissions for the people with mental illness we serve. We couldn't agree more; if people have a place to live, see their physician regularly, and take their medications as directed; they can avoid unnecessary ER visits and hospitalizations. The best way to insure these things happen is through housing and supports provided by agencies like Unity House. However, this cannot continue as is without adequately funding the current supportive housing programs."

The residents who receive care in community-based housing are living, breathing New Yorkers. They are our neighbors and family members who suffer from psychiatric
disabilities, and who deserve stable, affordable housing with supports and accessible treatment and services. Without the foundation of a stable home with supports, the most vulnerable of our neighbors need to constantly start their recovery over again, losing momentum and falling farther and farther away from becoming part of the community once again. Proper funding will end this inhumane cycle.

There are two ways that you can help. First, commit to adding another $162 million over 5 years to mental health housing rates to stabilize the workforce, services, property, and administrative costs associations with the programs. Second, refuse to defer the statutory COLA that has been deferred for far too long.

COLA: The entire behavioral health community stands together in support of a 2.9% COLA for the human services sector. Though the COLA is in statute, the Governor, Assembly, and Senate choose to defer it year after year. This has resulted in a loss to our system of more than $500 million dollars that should rightfully have been invested. The non-profits in the behavioral health system are on the front lines every day providing needed housing, treatment, and supports to more than 1 million New Yorkers annually. In order to end the opioid epidemic, reduce completed suicides and reduce homelessness, incarceration and costly hospitalizations; we need the valued behavioral health system of non-profits to be viable. Also, more than 80% of the system is staffed by women and 40% are people of color. Many of these people are working more than one job when they need to be in top form to do their jobs in behavioral health. They
need a living wage, not a minimum wage. Please support the 2.9% COLA in this year’s budget.

HOUSING: We recommend that you commit to adding $162 million for the mental health housing system of approximately 40,000 units of housing. This is for licensed community residences and CR-SROs that provide 24 hour a day supervision, as well as licensed treatment apartments that provide daily supports, unlicensed Supported Housing where the funding now goes primarily to rents with little to nothing left for services, and SP-SROs that are losing money annually due to lack of increases.

Make no mistake about it - New York is facing a dilemma—we can either become a national model for how states can successfully protect a population that so desperately needs support or watch the housing system collapse and become an example of what can go wrong. It’s time for our state leaders to make the right choice on their behalf. Let’s show the rest of the country how to handle a health crisis and become a model of how a strong system can succeed when it’s properly supported.

Thank you for this opportunity to testify before you today. I would be happy to address any questions you may have or to continue to discuss these crucial matters at any time in the future.
OMH Funded Supported Housing – 2019 Adequate Rate
One Bedroom Apartment

The following explains the accompanying chart. It computes an adequate SH rate in each county.

This chart was first created in 2002. It has been updated each year to reflect changes in HUD FMR, SSI rates, OMH increases/decreases and policy that effect funding, e.g. caseloads.

A. **RENT**: Based on HUD Fiscal-Year 2019 Fair Year Market Rents for a One Bedroom apartment

B. **RENT PAID BY RESIDENTS**: Residents pay 30% of income, typically the 2019 SSI living alone rate of $858/month, which is $258 per month or $3,096 per year.

C. **TOTAL PROPERTY COST TO AGENCY**: Column A minus column B.

D. **OTHER THAN PERSONAL SERVICES (OTPS)**: $2,000 per SH slot - Based upon a realistic estimate of costs that includes travel, insurance, office supplies, telephone, computers, office rent, etc.

E. **CASE MANAGER**: $45,500 = $35,000 salary plus $10,500 for fringe benefits (30%) for a case manager with a caseload of 20. A 15% differential is included for downstate counties: $52,325 = $40,250 salary plus $12,075 for fringe benefits (30%)

F. **SUPERVISOR**: $53,690 = $45,000 salary plus $13,500 for fringe benefits (30%) for a supervisor with a caseload of 100 consumers or 5 case managers. A 15% differential is added for downstate counties: $67,275 = $51,750 salary plus $15,525 for fringe benefits (30%)

G. **ADMINISTRATION and OVERHEAD (A&OH)**: at 15% on columns D through F.

H. **ADEQUATE SUPPORTED HOUSING RATE**: Total of cost columns C-G.

I. **CURRENT SUPPORTED HOUSING RATE**: This is the rate SOMH pays by county for each supported housing unit in each county as of April 1, 2018.

J. **SHORTFALL**: This number is the difference between column H and column I per bed.

K. **NUMBER OF SH BEDS**: The actual number of beds in each county. This number is from the September 2017, OMH Residential Program Indicators Report.

L. **TOTAL COUNTY SHORTFALL**: The shortfall per bed (Column J) multiplied by the number of beds in the county (Column K) equals the actual shortfall in dollars specific to each county.
<table>
<thead>
<tr>
<th>COUNTY</th>
<th>SHORTFALL PER BED YEAR</th>
<th>TOTAL COUNTY SHORTFALL</th>
<th>ACH at 12%</th>
<th>CURRENT HOUSING RATE</th>
<th>HOUSING DIRECTOR</th>
<th>HOUSING SUPERVISOR</th>
<th>TIPS</th>
<th>O.T.P.S</th>
<th>C.T.O</th>
<th>COST TO AGENCY</th>
<th>RENT ASD TO RESIDENTS</th>
<th>H.U.R. FAIR MARKET</th>
<th>RENT ASD TO RESIDENTS</th>
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FUNDING EROSION IN OMH MENTAL HEALTH HOUSING DUE TO INFLATION
1991 to 2019

- Inflation
- OMH Community Residence Funding Changes
- Licensed CR-SRO and Unlicensed SP-SRO Funding Changes