

**JOINT
NEW YORK STATE SENATE FINANCE
AND
ASSEMBLY WAYS AND MEANS COMMITTEES**

MENTAL HYGIENE BUDGET HEARING

THURSDAY, FEBRUARY 7, 2019

**TESTIMONY BY:
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The magnitude of our response to this public health crisis has NOT matched the magnitude of the crisis itself. Year after year, prevention, treatment, and recovery service providers are asked to do more with less and cannot keep up with the demand for their services. SUD professionals from across New York State have expressed with frustration that they feel like they are fighting a forest fire with a garden hose.

It should not be a battle to get the funding necessary to address this public health crisis. It should not be necessary to have to explain to members of the Assembly and Senate that, while in 2017 it was widely believed that \$213 million in *new* funding was being allocated to address the opioid crisis and in 2018 that the Opioid Stewardship Fund *added* \$100 million to the OASAS budget, these funds were, to a large extent, simply supplanting existing funds to pay for the pandemic. In recent years, we were not committing new funds other than what amounts to an inflationary increase in the Aid to Localities funding that supports prevention, treatment, and recovery supports in communities across the State. We offer the following to substantiate this point:

Aid to Localities Funding Trend

2013-14	\$457,696,000	
2014-15	\$460,896,000	.7% (7/10 of 1%) increase
2015-16	\$474,716,000	3% increase
2016-17	\$501,490,000	6% increase
2017-18	\$507,548,000	1.2% increase
2018-19	\$573,405,000	13 % increase
2019-20	\$574,051,000	.7% (1/10 of 1%) increase

Since the 2013-14 budget, New York State has increased its commitment to prevention, treatment, and recovery in communities across the state by an average of approximately 4% per year.

Documenting the impact of inadequate resources, a survey commissioned by ASAP conducted by the Center for Human Service Research in 2018 found that:

- \$30 million is needed to strengthen compensation for prevention staff in schools and communities across NYS and to hire new staff to replace one third of the workforce that has been lost over two decades because of funding cuts
- \$40 million is needed to strengthen compensation for treatment staff and to add new treatment professionals to address the opioid crisis
- \$5 million is needed to support additional recovery program staff and New York Certification Board certification of 1,250 new recovery peers

This \$75 million workforce initiative could be implemented over a two to three year period.

Priority #2

The *fiscal viability* of prevention and treatment programs has been threatened because local assistance funding has not kept pace with inflation over the last decade while the cost of business has risen sharply. Increasing costs related to employee health benefits, the purchase of electronic health records and electronic billing systems, and the need to hire new staff to work with multiple managed care and health plans have created fiscal problems because programs have not received support to cover these costs.

- ***Implement the cost of living adjustment*** that was agreed to by the legislature and promised to community-based organizations but repeatedly deferred in recent years. Tied to the consumer price index (2.9%), the 2019-20 increase should be approximately \$13.05 million for OASAS funded programs. ASAP supports this request being applied across all of the systems that were included in this COLA which has been deferred repeatedly, compromising the fiscal viability of not-for-profit organizations vital to vulnerable New Yorkers.
- ***Adjust all Medicaid rates*** to reflect the actual cost of SUD services. This would greatly help to stabilize the fiscal status of programs. ASAP recently convened a workgroup from all SUD service modalities to analyze current Medicaid rates, identify the actual cost of providing services, and develop recommendation to update Medicaid rates. We will share these recommendations with OASAS, DOB, the Governor's Office, and all appropriate Senate and

- Requiring hospital emergency departments to make Medication Assisted Treatments available prior to discharge or transfer
- Requiring hospital emergency departments to check the ISTOP Prescription Monitoring Program (PMP) registry before dispensing controlled substances, and
- Requiring court-ordered treatment for SUD to be provided at programs certified or approved by OASAS.

ASAP also supports inclusion within state law, additional health insurance “parity” protections for behavioral health services that are included within the federal parity law (Mental Health and Addiction Equity Act of 2008), which are intended to eliminate insurance barriers for behavioral health services.

Among these parity protections are the following:

- Ensuring that health insurance coverage would not apply financial requirements or treatment limitations to mental health or substance use disorder benefits that are more restrictive than the “predominant financial requirements and treatment limitations” that apply to “substantially all medical and surgical benefits” covered by a policy, and
- Prohibiting “non-quantitative treatment limitations” that are more restrictive than those applicable to physical health coverage, such as: standards limiting benefits based on medical necessity, experimental treatments, formulary design for prescription drugs, network tier design, standards for provider networks, “fail first” or “step therapy” protocols, exclusions based on failure to complete a course of treatment, and restrictions based on geographic location, facility type, or provider specialty

Other Article VII Bill Proposals

ASAP also asks that the Senate and Assembly include the following proposals in your one-house budget bills, which were contained in the Governor’s budget proposal

- *APG rates* (also known as “government rates”), which are minimum rates that Medicaid managed care must reimburse for services provided by ambulatory providers licensed by OMH or OASAS(including patients enrolled in CHIP), are proposed to be extended for a 2-year period, until 3/31/22.

by overly restrictive interpretation or regulation by SED. We remain very concerned that implementation of the social work license and the sunset of exemptions to the social work scope of practice pose a risk to the SUD workforce and the people we serve. We may need your assistance with this issue which we had hoped could be resolved with reasonable guidance from SED.

New York State must invest in rebuilding its prevention, treatment, and recovery service infrastructure if we are to make significant progress in reducing the number of overdose deaths and meet the demand for SUD services in communities across NYS. While new addiction-focused pilot programs and public awareness campaigns are appreciated, an investment is critically needed to strengthen core SUD services in existing programs that are struggling from under-staffing and inadequate resources. Additional prevention, treatment, and recovery support resources are needed to address not just the opioid crisis, but also such profound issues as underage drinking; substance use disorders experienced by pregnant women and their impact on newborn children; and the special needs of veterans, young adults, adolescents, the LGBTQ community, and others.

As we testify here today, we will be back with the same request we made last year and the year before and the year before and Please give New York communities the resources needed to address our number one public health problem with the magnitude necessary to make a difference.

Thank you for your public service and the hard work that you do, not just during the legislative session, but throughout the entire year. ASAP is committed to working with you. Thank you.



**Joint Senate/Assembly Budget Hearing on Mental Hygiene
Testimony of Antonia Lasicki
Executive Director of the Association for Community Living (ACL)
February 7, 2019**

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:** \$53,6900 = \$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.

	HUD FAIR MARKET RENT	RENT PAID BY RESIDENTS	TOTAL PROPERTY COST TO AGENCY	O.T.P.S.	HOUSING DIRECT CARE STAFF	SUPERVISOR	A&OH at 12%	ADEQUATE SUPPORTED HOUSING RATE PER BED/YEAR	CURRENT SUPPORTED HOUSING RATE	SHORTFALL PER BED PER YEAR	NUMBER OF S.H. BEDS	TOTAL COUNTY SHORTFALL
	A	- B	= C	+ D	+ E	+ F	+ G	= H	- I	= J	x K	= L
ALBANY	10848	3096	7752	2,000	2275	585	729	13,341	10052	3,289	278	914,342
ALLEGANY	6912	3096	3816	2,000	2275	585	729	9,405	8719	686	37	25,382
BRONX	19,188	3096	16092	2,000	2616	673	793	22,174	17375	4,799	2239	10,745,745
BROOME	7680	3096	4584	2,000	2275	585	729	10,173	8131	2,042	249	508,458
CATTARAUGUS	6828	3096	3732	2,000	2275	585	729	9,321	8719	602	117	70,434
CAYUGA	7452	3098	4356	2,000	2275	585	729	9,945	8131	1,814	66	119,724
CHAUTAUQUA	6804	3096	3708	2,000	2275	585	729	9,297	8719	578	98	56,644
CHEMUNG	7956	3098	4860	2,000	2275	585	729	10,449	8899	1,550	146	226,300
CHENANGO	7176	3096	4080	2,000	2275	585	729	9,669	8131	1,538	54	83,052
CLINTON	7908	3096	4812	2,000	2275	585	729	10,401	8333	2,068	57	117,876
COLUMBIA	8976	3096	5880	2,000	2275	585	729	11,469	10052	1,417	47	66,599
CORTLAND	7968	3096	4872	2,000	2275	585	729	10,461	8131	2,330	57	132,810
DELAWARE	7140	3096	4044	2,000	2275	585	729	9,633	8131	1,502	33	49,566
DUTCHESS	12876	3096	9780	2,000	2275	585	729	15,369	13652	1,717	287	458,439
ERIE	8340	3096	5244	2,000	2275	585	729	10,833	8599	2,234	953	2,129,002
ESSEX	8196	3096	5100	2,000	2275	585	729	10,689	8333	2,356	33	77,748
FRANKLIN	7440	3096	4344	2,000	2275	585	729	9,933	8131	1,802	45	81,090
FULTON	7632	3096	4536	2,000	2275	585	729	10,125	8131	1,994	31	61,814
GENESEE	7608	3096	4512	2,000	2275	585	729	10,101	8899	1,202	47	56,494
GREENE	9336	3096	6240	2,000	2275	585	729	11,829	10052	1,777	44	78,188
HAMILTON	7128	3096	4032	2,000	2275	585	729	9,621	8131	1,490	7	10,430
HERKIMER	7296	3096	4200	2,000	2275	585	729	9,789	8131	1,658	37	61,346
JEFFERSON	10560	3096	7464	2,000	2275	585	729	13,053	9144	3,909	66	257,994
KINGS	19188	3096	16092	2,000	2616	673	793	22,174	17375	4,799	2,637	12,655,886
LEWIS	7584	3096	4488	2,000	2275	585	729	10,077	8131	1,946	53	103,138
LIVINGSTON	9120	3096	6024	2,000	2275	585	729	11,613	9103	2,510	40	100,400
MADISON	8256	3096	5160	2,000	2275	585	729	10,749	8131	2,618	30	78,540
MONROE	9120	3096	6024	2,000	2275	585	729	11,613	9103	2,510	564	1,415,640
MONTGOMERY	7824	3096	4728	2,000	2275	585	729	10,317	8131	2,186	38	83,068
NASSAU	18576	3096	15480	2,000	2616	673	793	21,562	17133	4,429	978	4,331,904
NEW YORK	19188	3096	16092	2,000	2616	673	793	22,174	17375	4,799	1681	8,067,707
NIAGARA	8340	3096	5244	2,000	2275	585	729	10,833	8899	1,934	165	319,110
ONEIDA	7296	3096	4200	2,000	2275	585	729	9,789	8131	1,658	263	436,054
ONONDAGA	8256	3096	5160	2,000	2275	585	729	10,749	8131	2,618	332	869,176
ONTARIO	9120	3096	6024	2,000	2275	585	729	11,613	9103	2,510	73	183,230
ORANGE	12876	3096	9780	2,000	2275	585	729	15,369	13652	1,717	308	528,836
ORLEANS	9120	3096	6024	2,000	2275	585	729	11,613	9103	2,510	27	67,770
OSWEGO	8256	3096	5160	2,000	2275	585	729	10,749	8131	2,618	65	170,170
OTSEGO	7884	3096	4788	2,000	2275	585	729	10,377	8333	2,044	38	77,672
PUTNAM	19188	3096	16092	2,000	2616	673	793	22,174	15224	6,950	68	472,624
QUEENS	19188	3096	16092	2,000	2616	673	793	22,174	17375	4,799	2234	10,721,748
RENSSELAER	10848	3096	7752	2,000	2275	585	729	13,341	10052	3,289	129	424,281
RICHMOND	19188	3096	16092	2,000	2616	673	793	22,174	17375	4,799	762	3,657,105
ROCKLAND	19188	3096	16092	2,000	2616	673	793	22,174	15786	6,388	212	1,354,330
SARATOGA	10848	3096	7752	2,000	2275	585	729	13,341	10052	3,289	48	157,872
SCHENECTADY	10848	3096	7752	2,000	2275	585	729	13,341	10052	3,289	156	513,084
SCHOHARIE	10848	3096	7752	2,000	2275	585	729	13,341	10052	3,289	33	108,537
SCHUYLER	7176	3096	4080	2,000	2275	585	729	9,669	8719	950	12	11,400
SENECA	8076	3096	4980	2,000	2275	585	729	10,569	8899	1,670	33	55,110
ST.LAWRENCE	7608	3096	4512	2,000	2275	585	729	10,101	8131	1,970	95	187,150
STEBEN	7392	3096	4296	2,000	2275	585	729	9,885	8719	1,166	127	148,082
SUFFOLK	18576	3096	15480	2,000	2616	673	793	21,562	17133	4,429	1505	6,666,172
SULLIVAN	9456	3096	6360	2,000	2275	585	729	11,949	9847	2,102	66	138,732
TIOGA	7680	3096	4584	2,000	2275	585	729	10,173	8719	1,454	27	39,258
TOMPKINS	11292	3096	8196	2,000	2275	585	729	13,785	10166	3,619	78	282,282
ULSTER	11544	3096	8448	2,000	2275	585	729	14,037	10615	3,422	170	581,740
WARREN	9132	3096	6036	2,000	2275	585	729	11,625	9847	1,778	49	87,122
WASHINGTON	9132	3096	6036	2,000	2275	585	729	11,625	9847	1,778	5	8,890
WAYNE	9120	3096	6024	2,000	2275	585	729	11,613	9103	2,510	76	190,760
WESTCHESTER	17556	3096	14460	2,000	2616	673	793	20,542	17184	3,358	925	3,106,474
WYOMING	6636	3096	3540	2,000	2275	585	729	9,129	8719	410	22	9,020
YATES	7764	3096	4668	2,000	2275	585	729	10,257	8899	1,358	14	19,012
											19146	74,818,562

Using November, 2018 HUD FMR - SUPPORTED HOUSING SHORTFALLS BY COUNTY - ONE BEDROOM APARTMENT
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Association for Community Living

FUNDING EROSION IN OMH MENTAL HEALTH HOUSING DUE TO INFLATION 1991 to 2019

