



The New York State Conference of Local Mental Hygiene Directors, Inc.

***Joint Legislative Budget Hearing on Mental Hygiene
SFY 2019-2020 Executive Budget Proposal***

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Testimony Presented By:

***Kelly A. Hansen,
Executive Director***

Chairwoman Krueger, Chairwoman Weinstein, Senator Carlucci, Assembly member Gunther, Senator Harckham, Assembly member Rosenthal, and other distinguished Committee Members, thank you for this opportunity to testify before you regarding the 2019-20 State Budget.

My name is Kelly Hansen and I am the Executive Director of the New York State Conference of Local Mental Hygiene Directors (the Conference).

The Conference represents the Directors of Community Services (DCSs)/County Commissioners of Mental Health) for each of the counties in the State, also referred to as the Local Governmental Unit (LGU). The DCSs are county officials and have specific responsibilities and authority under the Local Services provisions of Article 41 of the Mental Hygiene Law (MHL) for planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, substance use disorder, and developmental disabilities.

My testimony outlines the Conference's State Budget priorities for SFY 2019-20:

- Increased State Aid Funding to the LGU to develop, expand and sustain comprehensive jail-based Substance Use Disorder (SUD) treatment and transition services in all county correctional facilities outside of NYC
- Support for the Nonprofit Human Services Workforce through the inclusion of a 2.9% Cost of Living Adjustment (COLA)
- Adequate Funding for NY's Mental Housing Health Programs

LGU Role in County Correctional Facilities

As I mentioned earlier, the LGUs/DCSs are charged with specific responsibilities under the MHL to plan for and oversee integrated services in their counties. In order to carry out this role, the DCSs have a bird's-eye view of the mental health, substance use disorder and developmental disabilities services systems, and linkages to the related services in the county.

The people we serve never need just one service. Their needs are complex and extend beyond the behavioral health care treatment into other distinct areas, such as housing, public benefits, the criminal justice system and the county jail.

The County Mental Health Commissioners have long recognized the need for an appropriate level of resources to initiate comprehensive SUD treatment and transition programs in jail

settings. While the State is taking aggressive steps to address the heroin/opioid epidemic, including the rapid expansion of community-based treatment and support services to create a continuum of care to support the individual and family in their recovery, there remains a gap in the treatment and support continuum: the local jail.

Incarceration provides a unique opportunity to offer treatment and supports during periods when people are experiencing abstinence and may be more receptive to begin treatment.

The Need for LGU Funding for Jail-Based SUD Treatment and Transition Services Programs

Sustainable addiction recovery involves a full range of clinical treatments and supports including screening and assessment, withdrawal management, individual and group counseling, addressing co-occurring disorders, peer support and recovery coaching, as well as incorporating a warm-handoff back to the community. Offering the full scope of evidence-based and clinically appropriate support services will result in the long-term recovery we are all seeking.

Yet, the absence of adequate State Aid funding from OASAS to the LGUs prevents the full-range of this critical service delivery during incarceration, and limits the transitional services necessary for re-entry back into the community.

That is why in 2017, CLMHD, in partnership with the NYS Sheriffs' Association (NYSSA), commissioned a study to examine the level of SUD treatment and reentry services across all county correctional facilities. The report entitled, *Completing the Recovery Treatment Continuum: Jail Based Substance Use Disorder Services*, revealed 68% of inmates with SUD have been jailed previously, and just over half (51%) of localities have no resources to implement jail-based treatment. Data from a July 2018 study published in the *American Journal of Public Health* indicates that inmates were 40 times more likely to die of an opioid overdose in the first two weeks after release.

The paper requests annual state funding of \$12.8 million from OASAS to the LGUs. Last year, we successfully secured \$3.75 million in the SFY 2018-19 Enacted State Budget, and although this was a significant first step, continuing at this level will not provide the funding required to enhance programs with the comprehensive supports needed in current county programs or to establish new programs in counties that are unfunded.

In SFY 2019-20, the Conference is recommending a tiered funding approach, to be staged in over the next two state fiscal years as a way to secure the full appropriation of \$12.8 million for the continuance of jail-based SUD treatment and transition services in every county jail in the state.

State Fiscal Year	Appropriation Request
2019-20	Total appropriation request is \$7.2 million Executive Budget Proposal \$3.75 million + new \$3.45 million
2020-21	\$12.8 million as ongoing funding to support comprehensive SUD treatment and transition services in every jail.

Increased OMH Housing Rates - Bring It Home Campaign

CLMHD strongly supports the Bring It Home Campaign’s efforts to secure a \$161 million appropriation, phased in over 5 years (\$32 million annually) for OMH supported housing providers.

Long-term viability of housing programs for individuals with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) is an essential component of recovery and critically important to the DCSs and the communities they serve.

Supported housing providers are expected to serve clients with the highest and most challenging needs. However, the current level of funding is based on an outdated model of care and does not account for the complex and comorbid behavioral and physical health conditions. Additionally, the reimbursement does not adequately support the appropriate management of this higher level of service, specifically the staffing levels required to safely serve medically-complex individuals which is causing significant waiting lists for supported housing.

As of December 2018, below is a small snapshot of the waiting lists for OMH supported housing placement:

- Suffolk County - over 580 clients (131 homeless)
- Sullivan County - over 200 (110 homeless)
- Orange County - over 800
- Seneca County - over 97

Access to well-staffed supported housing is also critically important for individuals under an Assisted Outpatient Treatment order. The outdated housing models and reimbursements for higher-need clients continues to negatively impact a county’s ability to provide appropriate access to this, and all levels of care.

2.9% COLA for the Human Services Workforce

Advocates for behavioral health services, including consumers, families, and service providers are calling on the Governor and Legislatures to support a 2.9% COLA for the human services workforce.

Increasing annual turnover rates within the human services sector restricts access to care and jeopardizes the sustainability of critical treatment services programs. Every day, the human services workforce faces burnout and lack of a livable wage. Graduates coming into the field are crippled with large student loans which cannot be repaid on low wages. Individuals with a mission to serve these high needs clients, ultimately find themselves unable to make ends meet and are forced to seek out higher paying jobs.

As the demand for services continues to rise, the DCSs see first-hand how workforce shortages negatively affects their communities. Providers who rely heavily on staff retention, are now faced with the reality of no longer being able to effectively serve their clients and facilitate meaningful, long-term engagement.

CLMHD strongly urges your support of the 2.9% COLA which will result in providing \$140 million for the human services workforce and offer the much needed relief to those who dedicate themselves to serving the State's most vulnerable members of our communities.

I, again, thank you for the opportunity to address you regarding the Conference's budget requests for the 2019-20 State Budget and I am happy to provide you with any further information or answer any questions at this time.

ADP as of 11/2018 - Tiered Approach

Counties	ADP	SFY 2018-19 Final Redistribution Plan Determined by Executive \$3.75M	SFY 2019-20 Executive Budget Proposal \$3.75M	SFY 2019-20 CLMHD Requested Funding Levels \$7.2M	SFY 2020-21 Total Funding Needed for Comprehensive Jail SUD Programs -- All counties \$12.8M
600+ (8)				\$300k Base	\$500k Base
Suffolk CF Y&R (1268)	1268	\$160,000	\$160,000	\$300,000	\$500,000
Nassau	1132	\$60,000	\$60,000	\$300,000	\$500,000
Monroe CF & CJ	1069	\$60,000	\$60,000	\$300,000	\$500,000
Westchester	1067	\$60,000	\$60,000	\$300,000	\$500,000
Erie CF&CJ	972	\$200,000	\$200,000	\$300,000	\$500,000
Onondaga CF & CJ	879	\$60,000	\$60,000	\$300,000	\$500,000
Orange	689	\$60,000	\$60,000	\$300,000	\$500,000
Albany	630	\$155,000	\$155,000	\$300,000	\$500,000
TOTAL		\$815,000	\$815,000	\$2.4M	\$4M
300-599 (5):				\$200k Base	\$350k Base
Broome	433	\$200,000	\$200,000	\$200,000	\$350,000
Oneida	386	\$60,000	\$60,000	\$200,000	\$350,000
Niagara	382	\$200,000	\$200,000	\$200,000	\$350,000
Dutchess	359	\$60,000	\$60,000	\$200,000	\$350,000
Rensselaer	321	\$60,000	\$60,000	\$200,000	\$350,000
TOTAL		\$580,000	\$580,000	\$1.0M	\$1.75M
100-299 (20):				\$120,000 Base	\$275,000 Base
Schenectady	258	\$200,000	\$200,000	\$120,000	\$275,000
Clinton	245	\$60,000	\$60,000	\$120,000	\$275,000
Chautauqua	244	\$60,000	\$60,000	\$120,000	\$275,000
Ulster	231			\$120,000	\$275,000
Saratoga	192	\$60,000	\$60,000	\$120,000	\$275,000
Oswego	181	\$60,000	\$60,000	\$120,000	\$275,000
Steuben	160	\$60,000	\$60,000	\$120,000	\$275,000
Cayuga	153	\$60,000	\$60,000	\$120,000	\$275,000
Sullivan	152	\$60,000	\$60,000	\$120,000	\$275,000

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Jefferson	150	\$60,000	\$60,000	\$120,000	\$275,000
Ontario	147	\$60,000	\$60,000	\$120,000	\$275,000
Rockland	145	\$60,000	\$60,000	\$120,000	\$275,000
St. Lawrence	145	\$60,000	\$60,000	\$120,000	\$275,000
Chemung	137	\$60,000	\$60,000	\$120,000	\$275,000
Cattaraugus	135	\$60,000	\$60,000	\$120,000	\$275,000
Livingston	130	\$60,000	\$60,000	\$120,000	\$275,000
Warren	120	\$60,000	\$60,000	\$120,000	\$275,000
Fulton	110	\$60,000	\$60,000	\$120,000	\$275,000
Genesee	108			\$120,000	\$275,000
Montgomery	105	\$60,000	\$60,000	\$120,000	\$275,000
Total		\$1.22M	\$1.22M	\$2.4M	\$5.5M
76-99 (5):				\$80k Base	\$100K Base
Chenango	99	\$60,000	\$60,000	\$80,000	\$100,000
Franklin	95	\$60,000	\$60,000	\$80,000	\$100,000
Cortland	91	\$60,000	\$60,000	\$80,000	\$100,000
Madison	91	\$60,000	\$60,000	\$80,000	\$100,000
Wayne	87	\$60,000	\$60,000	\$80,000	\$100,000
Total		\$300,000	\$300,000	\$400,000	\$500,000
75 and below (14)				\$80k Base	\$100K Base
Tompkins	75	\$60,000	\$60,000	\$80,000	\$100,000
Washington	75	\$60,000	\$60,000	\$80,000	\$100,000
Putnam	74	\$115,000	\$115,000	\$80,000	\$100,000
Delaware	70	\$60,000	\$60,000	\$80,000	\$100,000
Otsego	68	\$60,000	\$60,000	\$80,000	\$100,000
Columbia	67	\$60,000	\$60,000	\$80,000	\$100,000

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Essex	64	\$60,000	\$60,000	\$80,000	\$100,000
Herkimer	60	\$60,000	\$60,000	\$80,000	\$100,000
Seneca	57	\$60,000	\$60,000	\$80,000	\$100,000
Tioga	56	\$60,000	\$60,000	\$80,000	\$100,000
Orleans	51	\$60,000	\$60,000	\$80,000	\$100,000
Wyoming	45			\$80,000	\$100,000
Yates	42	\$60,000	\$60,000	\$80,000	\$100,000
Lewis	32	\$60,000	\$60,000	\$80,000	\$100,000
Total		\$835,000	\$835,000	\$1.04M	\$1.3M
Grand Total		\$3.75M	\$3.75M	\$7.24M	\$12.8M