

Testimony of Antonia Lasicki,
Association for Community Living, Executive Director, on behalf of
Bring It Home

**JOINT SENATE/ASSEMBLY LEGISLATIVE HEARING ON 2018/2019
BUDGET: Mental Hygiene**

February 13, 2018

Good morning Senator Young, Senator Ortt, Assemblywoman Weinstein,
Assemblywoman Gunther, Committee Members and other Members of the Legislature.
On behalf of the Bring It Home coalition, I thank you for this opportunity to testify before
your committee.

My name is Antonia Lasicki and I am the Executive Director of The Association for
Community Living. ACL is a statewide membership organization of not-for-profit
providers of community-based housing and rehabilitation services for more than 35,000
New Yorkers who have been diagnosed with serious, persistent psychiatric disabilities.
Virtually all of the people living in these units rely on state-funded housing with a variety
of supports and services, as well as Medicaid for mental health treatment and other
health related services.

Today I'm speaking on behalf of my organization, ACL, as well as *Bring It Home* – a
statewide coalition of more than 200 community-based mental health housing providers
and advocates, faith leaders, residents, and their families. Through education and
advocacy, we are working to bring better funding for better care to New York, and we

strongly urge you to include adequate funding for our critical mental health community based housing in the final New York State Budget.

In his State of the State address last month, Governor Cuomo made a commitment to combat homelessness, and when speaking about New Yorkers with mental illness, he said that our “obligation as a caring people – a compassionate society – [is] to reach out, to provide whatever social services or address whatever needs the individual presents. It is our job.” I could not agree more. Unfortunately, the poetry of the governor’s annual address did not match the prose of his budget proposal, and that’s why I am here urging all of you to take action.

Let me tell you a little about our residents. The men and women who are living in community-based mental health housing are as diverse as New York State. They are young people recently diagnosed with schizophrenia. They are older folks learning to live on their own after hospitalizations. They live in rural areas in upstate New York, on Long Island, and in every city from Buffalo to Brooklyn. They are our neighbors, our friends, our family. They are your constituents.

New York has historically been a national leader in mental healthcare. Under the leadership of both Gov. Andrew Cuomo and his father Mario – and with the support of the New York State Legislature, including many of you listening to me testify today – New York set new national standards to care for, and protect, people with psychiatric disabilities. However, despite building a breadth and depth of mental health housing

opportunities that is unparalleled in the nation, the state has not kept its promise to adequately fund these housing programs that care for the New Yorkers who most need our help.

For more than 25 years, mental health housing providers have received few increases to their funding — and most of the increases that were provided went to New York City, Long Island and the lower Hudson Valley, because the state just wouldn't make enough money available – so it focused on the units that would imminently fail without help. This has kept them on life support while the rest of the state is near cardiac arrest. None of the programs are financially healthy.

In bad years, we've been told there isn't any money, and in good years, we've been told there wasn't enough for us. Within the five models of housing programs, only three have received increased funding since 2009, and only in restricted geographic areas. All of the programs throughout the state are stretched untenably thin. For example, the Supported Housing program spends nearly all of its funding on rent, which leaves little for mandatory staffing, lease management and other obligations. With unreliable funding across the state, our mental health housing system has reached a financial breaking point. And the people who will feel it are some of New York's most vulnerable residents, who suffer from the disruption that staff vacancies and staff turnover create, not to mention overworked supervisors.

I want to be very clear: Mental health housing providers cannot survive under these circumstances. We have reached the point where we will be forced to reconsider renewing state contracts. Don't just take my word for it; I talk to these providers every day as can you. Without adequate funding, they are going to shut down – maybe not tomorrow, but it will happen. And when they do, the people who they serve will have nowhere to go.

What does this mean? Without mental health housing programs, recovery for many of our most vulnerable residents is just not viable. When providers are no longer able to provide the affordable housing with supports and services that our clients need, it will create a domino effect within our social safety net. People will go back to their pre-housing cycle of relapse and recovery, relying on shelters and hospitals and emergency rooms to get treatment or meals or just to get out of the cold – the human and financial toll this will inevitably take can be avoided.

Beyond the moral imperative, taxpayers end up footing a larger bill when these citizens fall through the cracks. Without mental health housing options, those with major psychiatric disabilities end up hospitalized, homeless, in nursing homes, or become incarcerated, often due to minor infractions. Governor Cuomo made a commitment to combat homelessness. But if you're creating new homeless New Yorkers by failing to address the root causes of homelessness, why should we bother? The Governor is funding all the new housing opportunities at an adequate, and much higher services

rate, so why wouldn't providers just give up the underfunded units and just develop the newer, adequately funded units? We could lose as many units as we develop.

As I mentioned, the men and women who are living in community-based mental health housing are as diverse as New York State. A report from the state Office of Mental Health found nearly half of all residents in the community-based mental health housing system are people of color. In New York City, half of all system residents are black and nearly a quarter are Hispanic. New York should not fail any of its communities, but with well-documented racial health disparities, it should certainly not fail our minority communities in the behavioral health and housing fields as well.

The residents who receive care in our community-based housing are living, breathing New Yorkers who need our help. They suffer from serious psychiatric disabilities that result in functional disabilities, and – in the governor's own words – as a caring people, a compassionate society, we have an obligation to provide them with stable, affordable housing with supports and accessible treatment and services. Without it, these people need to constantly restart their recovery, losing momentum and falling farther and farther away from becoming part of the community once again.

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 system collapse and become an example of what can go wrong. It's time for our state leaders to make the right choice. 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. On behalf of all New Yorkers impacted by mental illness, their families, friends, colleagues, and neighbors, we urge you to increase funding for community-based supportive mental health housing in this budget. We cannot allow this system to fail.

Thank you for this opportunity to testify before you today. I would be happy to address any questions you may have or to continue discussing these crucial matters at any time in the future.



OMH MENTAL HEALTH HOUSING

Breakdown of Financial Need by Program Type

TOTAL: ~ \$ 117 million

LICENSED PROGRAMS: Transitional & Long Term Transitional

\$17 million per year for the 8,765 beds in the CR (Community Residence) program (includes licensed Community Residences and Treatment Apartments) to make up for losses due to inflation, in order to meet contract and regulatory obligations and to better serve those with challenging needs.

\$16 million per year for the 3,139 beds in the Licensed Community Residence-Single Room Occupancy (CR-SRO) programs to make up for losses due to inflation, in order to meet contract and regulatory obligations and to better serve those with challenging needs.

UNLICENSED PROGRAMS: Permanent

\$6 million per year for the 4,959 beds in the SP-SROs (permanent housing with supports) to make up for losses due to inflation and to better equip them to serve clients with more challenging service needs.

\$78 million per year to the Supported Housing rate *statewide* to make up for losses from inflation; ensure that the 19,146 Supported Housing slots are sustained, basing future rates on a reasonable formula.

