

**Joint Senate/Assembly Budget Hearing on Mental Hygiene Testimony of Sebrina Barrett
Executive Director of the Association for Community Living
February 14, 2022**

I am Sebrina Barrett, executive director of the Association for Community Living. Thank you to Senator Krueger, Assemblywoman Weinstein, and the chairs and members of the Senate and Assembly Mental Health committees for this opportunity to testify.

Our members provide community-based mental health housing for more than 40,000 New Yorkers with severe mental illness, who are working toward recovery and independence.

On this Valentines Day, let me begin by saying we love the proposed Executive Budget as it pertains to funding for mental health housing, which has been underfunded for decades.

Specifically, we support the two-year commitment of \$104 million for Office of Mental Health community-based mental health housing; the 5.4% COLA for human services; the funding to support 988; and the property pass-through for supported housing, which will ensure that as rent costs rise, we won't have to rob resources needed for support services to pay rent and keep residents in their homes.

In these challenging times, the word “unprecedented” has been used a lot to express circumstances that otherwise defy description. After seeing this proposed budget, I've heard colleagues who have been in the field for decades characterize these new dollars as unprecedented. And they are.

But I prefer the term “game-changer” because if these funds become reality, housing providers may, for the first time in decades, be able to move from feeling helpless to hopeful; from anticipating crisis to embracing certainty; from struggling to survive to seeing programs thrive.

And for our weary and dedicated frontline staff, and to our resilient residents—these funds say that they are seen after decades of underfunding; it says they matter, their work matters, recovery matters; mental health matters. And so we thank Governor Hochul, and urge that these allocations be fully funded in the final budget.

For years, we've advocated for modernization of the mental health housing models, some of which were created nearly 40 years ago. We have compared program costs, workforce demands and client needs. In short: Costs have risen substantially; clients need a higher level of care due to multiple co-occurring mental and physical conditions; and we can no longer pay staff a living wage, leading to severe workforce shortages.

First, let's look at costs—since the 80s: health insurance has risen more than 740%; fuel has risen from \$1.16 a gallon to \$3.49 a gallon; it costs about \$50 today to buy the same amount of food that \$20 bought in the 80s. Rent has skyrocketed. Not to mention new costs related to technology, security, privacy, and, with the pandemic, PPE, tests, and cleaning supplies.

Second, today's residents require 12-15 daily medications, up from one or two in the 80s, and they face multiple co-occurring medical conditions, in addition to mental illness and substance use disorder.

We recently surveyed our members to gather information about the growing number of residents who are aging in place—more than 40% of our residents are age 55 and over, and they are experiencing a total of 166 different medical conditions. Highest reported included: hypertension, diabetes, COPD, heart disease, arthritis, cancer and dementia. For most of these individuals, transition to assisted living or a nursing home isn't an option — nursing homes won't admit residents with a severe mental illness, and even if they would, they aren't able to address ongoing mental health and substance use disorder needs of the population served.

As the aging population in mental health community-based housing continues to grow, we must equip agencies with the resources needed to care for the residents they have been serving for decades. More than 75% of the housing providers who responded to our survey stated that they are not equipped to assist their residents with their aging medical concerns. They need nursing staff, on-site health aids, ADA compliant space to assist with mobility, additional staff training and better pay for staff.

Finally, our members have reported a near 25% average staff vacancy rate statewide, with some programs having as much as a 50-60% vacancy rate. At the same time, members reported the number of staff who couldn't come to work due to illness, vacation, childcare and other issues. That brought the staff unavailability average to more than 34%—meaning 1 in 3 staff could not report to work —and this was before Omicron impacted the workforce.

Since the 80s, the work has gotten more challenging, but the pay has diminished. In the 80s, our staff made 2-3 times what was then minimum wage; today, many of our direct care staff make just minimum wage. They can't afford rent, food, childcare and healthcare—and for the past two years, they have put their lives at risk to care for others. Our members report that they are seeing fewer qualified applicants, a sharp increase in interview no-shows, and senior-level staff are setting aside their normal duties to fill direct care shifts and keep the doors open. This is unsustainable, and the funding in this proposed budget is crucial to the ability for these programs to survive.

For these reasons, we strongly urge the allocations in the Executive Budget be fully funded. In addition, we encourage you to include S.7643/A.9200 in Article VII, which would extend a tax credit to workers in Mental Hygiene programs.. This would assist providers in the recruitment and retention of direct care staff. Further, we also support our colleagues in the behavioral health community seeking full funding of the \$500 million needed in the behavioral health system. Thank you.