Good afternoon. I am Emil Slane, the Executive Director of the Association for Community Living, which represents providers of community-based mental health housing for 50,000 New Yorkers with serious mental illnesses. These housing and supports are essential to help the highest need individuals achieve recovery and independence in the community.

On behalf of the Association for Community Living, I want to begin by acknowledging the 2026-27 Executive Budget continues the Governor's commitment to mental health and supportive housing, especially during what is clearly a challenging fiscal year for New York State. With the Federal changes, we recognize that the State is facing real constraints, including expiring funding sources and difficult budget decisions. In that context, the Governor's proposed budget sends an important signal: that mental health and supportive housing remain priorities.

Two components of the Executive Budget are particularly significant for ACL and our more than 100 member agencies. The first is the proposed 1.7 percent Targeted Inflationary Increase for mental health and substance use disorder programs. The second is the $71 million investment to increase rates for the Office of Mental Health and Office of Addiction Services and Supports supported housing programs.

We view the $71 million for supported housing rate increases as a meaningful and positive step forward. Our members continue to struggle to make ends meet, as funding levels for all program types have not kept pace with inflation – with CR-SRO, Support-SRO, and scattered site supported housing programs at particular risk. This funding reflects a clear recognition of the financial pressures facing providers who serve some of New York's most vulnerable residents. These funds are expected to continue supporting updates to scattered-site supportive housing rates, as well as long overdue stipend increases for community residence and support-SROs which are facing significant shortfalls.

Governor Hochul has been a champion for mental health and supportive housing, and we are grateful for her leadership during this difficult budget cycle. Strengthening supported housing is essential to stabilizing individuals, communities, and the broader mental health system.

At the same time, we must be honest about the remaining challenges.

The proposed 1.7 percent Targeted Inflationary Increase continues to fall short of inflation. Failing to recognize the full 2.7 percent tied to the Consumer Price Index that ACL and other behavioral health advocates have urged equates to a cut for providers as they try to address the challenges of staffing and covering increasing costs of operating these programs including room and board, insurance, utilities.

In real terms, this means providers continue to face a gap between funding and the actual cost of operating these programs. Outdated funding models, severe workforce shortages, and the need to offer competitive wages remain pressing issues. Our staff deliver complex, intensive care every day, and the system cannot remain sustainable without addressing these realities.

While a 1.7 percent increase is appreciated, it does not fully keep pace with inflation or the demands placed on providers.

As the budget negotiations move forward, ACL remains hopeful that the Legislature can work to close this gap and recognize the 2.7 percent in the final enacted budget and make further progress in addressing the shortfalls for housing programs.

We look forward to continuing this dialogue and our partnership to ensure that New York's mental health housing system is adequately resourced, sustainable, and capable of meeting the growing needs across our state.

Thank you for giving us this opportunity to testify and for your continued attention to the needs of New Yorkers who rely on mental health and supportive housing services every day.

Additional ACL Background and Issue Papers

For years, ACL has 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. Since these programs were created, costs have risen substantially; clients need a higher level of care due to multiple co-occurring mental and medical conditions; and we can no longer pay staff a living wage, leading to severe workforce shortages.

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 disorders.. Based on our most recent survey, our residents are experiencing a total of 166 different medical conditions. Of those conditions reported, the most common were hypertension, diabetes, COPD, heart disease, arthritis, cancer and dementia. In addition to high rates of medical comorbidity, numerous studies demonstrate that individuals diagnosed with serious mental illness experience significantly shorter life expectancies than individuals with medical conditions alone. Our providers continue to report new placements in mental health housing increasingly reflect highly complex populations, including individuals experiencing homelessness.

Furthermore, we regularly survey our members to gather information about the growing number of residents in their care who are aging in place – more than 40% of our residents are age 55 and over. 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 increased pay for staff. We are encouraged by the implementation of 'Aging in Place' pilot programs. These efforts acknowledge a reality providers have raised for years: mental health housing models built decades ago cannot meet the needs of an aging population without new service capacity and capital support. We view these pilots as a necessary foundation for long-term reforms that allow residents to age safely in their homes rather than cycle through hospitals or inappropriate institutional settings. We need to continue investing resources and advancing solutions that will enable our residents to age gracefully and comfortably in their homes for as long as possible, while maintaining their independence.

Finally, our members regularly report a 25% average staff vacancy rate statewide, with some programs reporting much higher vacancy rates. Our members also report the number of staff who couldn't come to work due to illness, vacation, childcare, or other issues. Since the 80s, the work has become more challenging, and the pay has diminished. In the 80s, our staff made two to three times the minimum wage. Today, many of our direct care staff often make minimum wage or slightly above. They can't afford rent, food, childcare, and healthcare.

Many of these staff are single parents, are members of the black and brown community, or are otherwise struggling to make ends meet, often having to work more than one job. Our members report that they are seeing fewer qualified applicants, a sharp increase in those applicants not attending scheduled
interviews, and senior-level staff are often setting aside their normal duties to fill direct care shifts and keep the doors open.

Meeting these challenges will require additional resources for these programs to survive, especially in this climate where inflation continues to stress an already under-funded system.

While the Governor and Legislature have made significant investments over the last few years, state funding has not kept pace with inflation and client needs. The result is that providers have fallen 8.1% below inflation since 2022 alone. By including only a 1.7% Targeted Inflation Increase, the proposed 2026-27 Executive Budget adds another 1% to this shortfall. To be clear, this represents a 9.1% funding cut for providers in the last few years alone attributed to inflation.

We are encouraged by the $71 million for supported housing rate increases in the Governor's proposed 2026-27 Budget and appreciate the support of the Executive and Legislature in continuing to make progress in funding these programs at sustainable levels. Not only is funding and supporting mental health housing the right thing to do, it is fiscally smart. Mental health housing is the foundation to recovery, which keeps these individuals off of the streets, and out of our prisons and jails, and homeless shelters—all of which cost exponentially more when using state dollars.

Attached are several ACL issue papers explaining the resource challenges and gaps for the community mental health residential system including:

- The Human Services Sector: 2.7% Target Inflationary Increase (TII)
- Funding Disparities in Supportive Housing: Legacy OMH CR-SRO/SP-SRO vs. ESSHI
- OMH Scattered Site Supported Housing: When Rent Crowds Out Services
- OMH Funded Supported Housing – 2026/2027 Adequate Rate One Bedroom Apartment

The Human Services Sector: 2.7% Targeted Inflationary Increase (TII)

Overview:

- A Targeted Inflationary Increase (TII) ensures providers can pay fair wages, cover rising operational costs, and deliver consistent, person-centered care in the place residents feel most at home.
- Not only to support the frontline staff, a TII sustains the full scope of essential organizational functions. Covering rising operational expenses – including insurance, food, utilities, compliance, and security – alongside salary increases and benefits ensures providers can maintain high-quality services and respond to urgent needs without interruption.
- Housing providers who receive the Inflationary Increase provide services that save the state money by reducing reliance on hospitals, shelters, and prisons. Furthermore, money that goes into the pockets of our workers and programs is immediately spent in local economies.

History and Current Issues:

- Historically, funding increases for human services providers have not kept up with inflation. Between 2006 and 2021, providers only received four inflationary adjustments. As a result, providers fell about 33% behind inflation, leading to deep funding erosion and forcing providers to make internal cuts just to keep their programs operating.
- While appreciated, inflationary increases in recent years have still not kept pace with inflation. The result is that providers have fallen 8.1% below inflation since 2022. To be clear, this represents an 8.1% funding cut for human services providers.
- The current federal landscape has introduced another layer of uncertainty for providers, especially around Medicaid, SNAP, and HUD Continuum of Care funding. Providers are bracing for further strain on their workforce and preparing to do more with even less.

Result:

- ACL's most recent workforce survey showed a 50% annual turnover rate, and close to a 30% staff vacancy rate.
- The workforce crisis in the human services sector is a direct result of the chronic underfunding outlined above. Providers are struggling to hire and retain enough staff. Residential direct care workers are often left managing an entire household alone – responsible for every aspect of care, from medications and medical issues, to meals, appointments, emergencies, interpersonal dynamics, and compliance with agency policies and complicated regulations.
- Without a TII, providers are forced to make impossible choices between essential services that keep programs safe and stable. It's not only staff wages at risk, but the very supports that protect residents and workers alike.
- Without an annual inflationary adjustment, providers will linger in a cycle of unpredictable, inadequate funding that undermines workforce stability, service quality, and long-term sustainability.
- Without a TII, providers will need to cut services to pay increased costs for operating expenses. Utilities, groceries, insurance, maintenance, and rents need to be paid first just for the programs to remain open.

Request:

- While providers agree that staff wages are the primary concern, Targeted Inflationary Increases also cover all costs associated with keeping their doors open. It covers rising operational costs that are not fully captured in the OMH budget, such as technology, insurance, utilities, building security, and transportation – areas that are just as essential to safe, high-quality care as the staff who deliver it.
- The effects of HR1 are already being felt by providers, and we know that more is yet to come. In a challenging state budget year, providers mustn't fall even further behind. ACL supports a 2.7% Targeted Inflationary Increase, keeping pace with inflation based on July 2025 CPI-U, to sustain services and support for New York's mental health residential system.
- TII's without restrictive language cover all operating costs, including:
  - Administration
    - Compliance
    - Accounting
    - Legal
    - Audit
  - Commercial, Property, and Liability Insurance
  - Energy
  - Supplies
  - Technology
  - Training and Professional Development
  - Food
  - Health insurance
  - Licensing and Accreditation
  - Mandated Fringe and Benefits
  - Medications and Medical Supplies
  - Property Cost
  - Property Maintenance
  - Security
  - Transportation
  - Utility Costs
  - Wages
- Heading into the upcoming Session, we encourage New York State to fund a 2.7% unrestricted across-the-board Targeted Inflationary Increase that keeps pace with inflation - without restrictive language limiting the TII to only certain staff wage increases.

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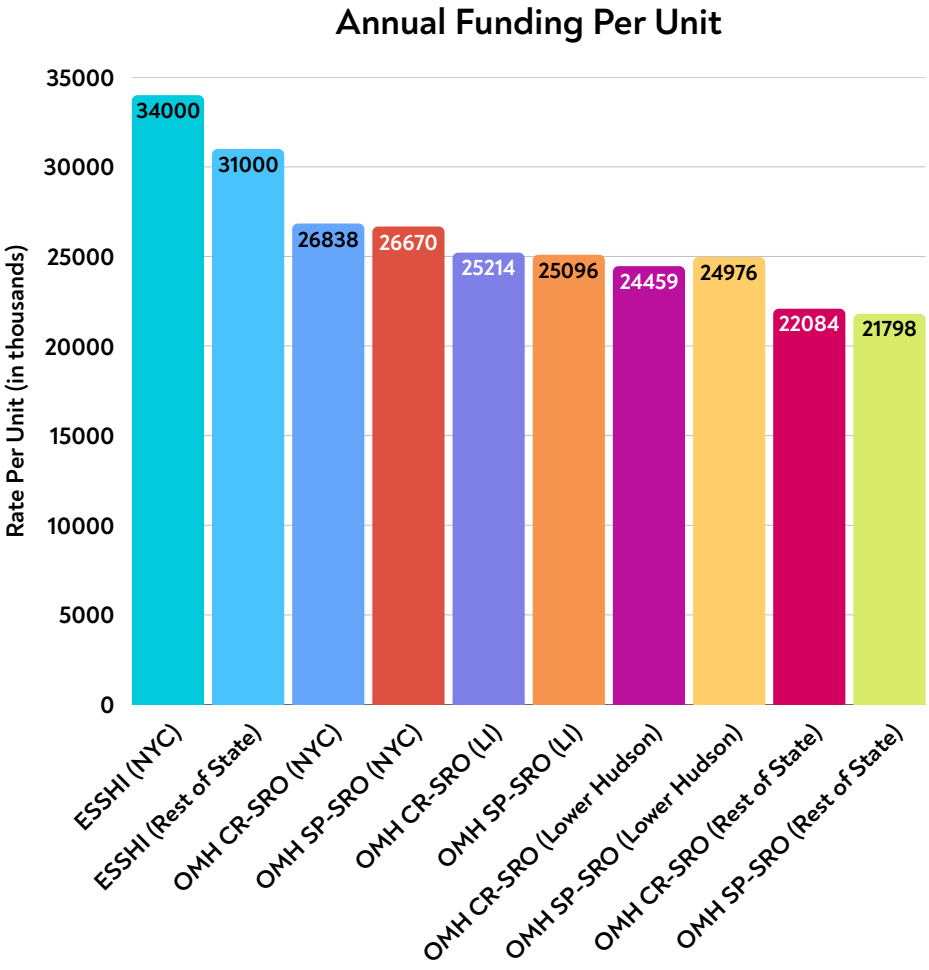
BRING IT HOME
Better funding for better care

Funding Disparities in Supportive Housing: Legacy OMH CR-SRO/SP-SRO vs. ESSHI

A comparison of population served, service expectations, and per-unit funding



Key Challenges

- Outdated Rate Structure: OMH SRO operating funding has not kept pace with inflation, rising labor costs, insurance, food, utilities, and building maintenance. **Despite a $104 million two-year investment in OMH Residential Programs in 2022, SP-SRO and CR-SRO programs received no benefit.**
- Staffing Pressures: Lower rates limit providers' ability to recruit and retain qualified staff, increasing turnover and service disruptions.
- Infrastructure Strain: Many legacy SROs operate older buildings with higher maintenance and capital needs, without adequate funding to address them.
- System Inequity: Providers operating both ESSHI and OMH SRO models face starkly different funding levels for similar service expectations.

$89,779,864

TOTAL AMOUNT TO BRING THE OMH CR-SRO AND SP-SRO PROGRAMS TO THE ESSHI RATE

Population Served

ESSHI: Mixed populations including mental health, substance use, domestic violence, and veterans

OMH SRO: Adults with serious mental illness and the highest acuity needs.

Service and Operating Expectations

ESSHI: Service expectations are determined by the State Contracting Agency (SCA). If OMH is the lead SCA, then that program would follow the exact same program model and guidance as the existing OMH SRO programs.

CR-SRO: Single dwelling, congregate, licensed apartment settings with studio apartments that provide 24 hour access to services and staff such as medication management, entitlement coordination, and recovery-based skill development. (NYCRR 595 Regulations)

SP-SRO: Single dwelling, congregate, permanent housing settings with studio apartments that provide front desk security as well as monthly face-to-face contact and quarterly home visits.

Bottom Line

ESSHI and OMH supportive housing programs serve comparable populations with increasingly complex, co-occurring needs. **The difference is not need, but funding**—leaving OMH legacy providers at a disadvantage in staffing, clinical capacity, and crisis response.

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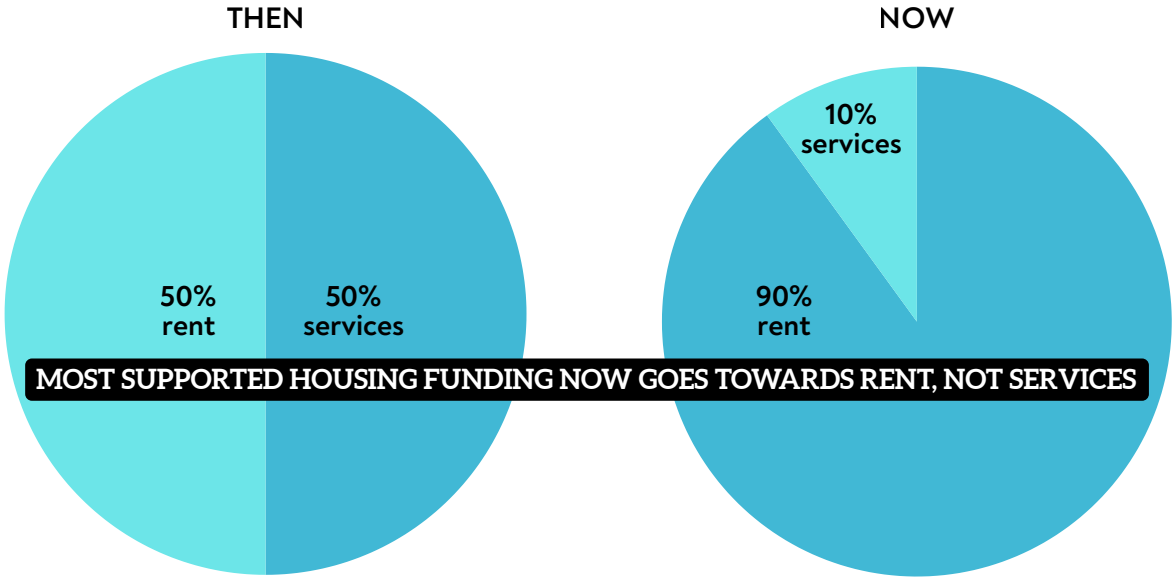
OMH Scattered Site Supported Housing: When Rent Crowds Out Services



WHAT SERVICES AND OPERATING LOOKS LIKE

Benefits & Income Support
Benefits applications
Recertifications
Income management

Agency Infrastructure
Office space
Technology systems
Supplies & equipment

Community Coordination
Clinical linkages
Primary care coordination
Social service referrals

Workforce Costs
Payroll
HR administration
Employee benefits

Client & Staff Engagement
Monthly face-to-face contacts
In-home visits
Crisis response
Tenancy support

Oversight & Compliance
Service documentation
Data reporting
Quality assurance
OMH monitoring

KEY TAKEAWAY

Supportive Housing providers are required to deliver clinical, housing, administrative, and compliance functions using a single stipend. While OMH has adjusted funding to reflect increases in Fair Market Rent, service funding has not kept pace. Rent is effectively covered—services are not.

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OMH Funded Supported Housing – 2026/2027 Adequate Rate
One Bedroom Apartment (With RTS Adjustment)

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 2026 Fair Year Market Rents for a **One Bedroom apartment**

B. **RENT PAID BY RESIDENTS**: Residents pay 30% of income, typically the 2025 SSI living alone rate of $1054/month, which is $316.20 per month or $3794.40 per year. For the purposes of the exercise, the amount was rounded down to $3794.

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

D. **OTHER THAN PERSONAL SERVICES (OTPS)**: $5,000 per SH slot - Based upon a realistic estimate of costs that includes travel, insurance, office supplies, telephone, computers, office rent, etc.

E. **CASE MANAGER**: $71,500 = $55,000 salary plus $16,500 for fringe benefits (30%) for a case manager with a caseload of 20. A 15% differential is included for downstate counties: $82,225 = $63,250 salary plus $18,975 for fringe benefits (30%).

F. **SUPERVISOR**: $89,700 = $69,000 plus $20,700 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: $103,155 = $79,350 plus $23,805 for fringe benefits (30%).

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

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

I. **CURRENT SUPPORTED HOUSING RATE**: This is the rate OMH pays by county for each supported housing unit in each county as of April 1, 2025.

J. **HOUSING RATE INCLUDING RTS INCOME**: The RTS rate was determined by the SH SPA 20-0005; $1200 for downstate programs and $600 for upstate programs. Column I plus RTS rate based on location.

K. **PER BED SHORTFALL**: This number is the difference between column J and H.

L. **NUMBER OF SH BEDS:** The actual number of beds in each county. This number is from the OMH Residential Program Indicators Report issued on February 3rd, 2025.

M. **TOTAL COUNTY SHORTFALL**: The shortfall per bed (Column K) multiplied by the number of beds in the county (Column L) equals the actual shortfall in dollars specific to each county.

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	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 15%	ADEQUATE SUPPORTED HOUSING RATE PER BED/YEAR	CURRENT SUPPORTED HOUSING RATE	RATE WITH RTS INCOME	SHORTFALL PER BED PER YEAR	NUMBER OF S.H. BEDS	TOTAL COUNTY SHORTFALL
	A	-B	=C	+D	+E	+F	+G	=H	I	+J	=K	*L	=M
ALBANY	17,004	3,892	13,112	5,000	3,575	897	1,137	23,721	16,892	17,492	6,229	287	1,787,620
ALLEGANY	9,048	3,892	5,156	5,000	3,575	897	1,137	15,765	11,212	11,812	3,953	29	114,627
BRONX	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	2,697	17,201,898
BROOME	10,416	3,892	6,524	5,000	3,575	897	1,137	17,133	13,400	14,000	3,133	283	886,537
CATTARAUGUS	9,396	3,892	5,504	5,000	3,575	897	1,137	16,113	10,976	11,576	4,537	117	530,787
CAYUGA	10,668	3,892	6,776	5,000	3,575	897	1,137	17,385	12,044	12,644	4,741	68	322,364
CHAUTAUQUA	9,048	3,892	5,156	5,000	3,575	897	1,137	15,765	10,968	11,568	4,197	98	411,271
CHEMUNG	11,736	3,892	7,844	5,000	3,575	897	1,137	18,453	13,868	14,468	3,985	150	597,696
CHENANGO	10,260	3,892	6,368	5,000	3,575	897	1,137	16,977	11,972	12,572	4,405	53	233,446
CLINTON	11,760	3,892	7,868	5,000	3,575	897	1,137	18,477	13,544	14,144	4,333	59	255,626
COLUMBIA	15,156	3,892	11,264	5,000	3,575	897	1,137	21,873	16,292	16,892	4,981	47	234,090
CORTLAND	11,520	3,892	7,628	5,000	3,575	897	1,137	18,237	12,944	13,544	4,693	57	267,480
DELAWARE	10,608	3,892	6,716	5,000	3,575	897	1,137	17,325	12,035	12,635	4,690	37	173,517
DUTCHESS	18,588	3,892	14,696	5,000	3,575	897	1,137	25,305	20,036	20,636	4,669	296	1,381,917
ERIE	13,668	3,892	9,776	5,000	3,575	897	1,137	20,385	14,426	15,026	5,359	666	3,568,854
ESSEX	10,836	3,892	6,944	5,000	3,575	897	1,137	17,553	12,428	13,028	4,525	36	162,887
FRANKLIN	10,344	3,892	6,452	5,000	3,575	897	1,137	17,061	12,020	12,620	4,441	45	199,829
FULTON	9,936	3,892	6,044	5,000	3,575	897	1,137	16,653	11,732	12,332	4,321	37	159,864
GENESEE	11,436	3,892	7,544	5,000	3,575	897	1,137	18,153	12,896	13,496	4,657	47	218,862
GREENE	13,416	3,892	9,524	5,000	3,575	897	1,137	20,133	14,900	15,500	4,633	44	203,836
HAMILTON	13,068	3,892	9,176	5,000	3,575	897	1,137	19,785	14,288	14,888	4,897	9	44,070
HERKIMER	11,112	3,892	7,220	5,000	3,575	897	1,137	17,829	13,268	13,868	3,961	40	158,426
JEFFERSON	12,852	3,892	8,960	5,000	3,575	897	1,137	19,569	14,948	15,548	4,021	64	257,321
KINGS	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	2,855	18,209,647
LEWIS	10,068	3,892	6,176	5,000	3,575	897	1,137	16,785	11,096	11,696	5,089	53	269,698
LIVINGSTON	15,072	3,892	11,180	5,000	3,575	897	1,137	21,789	15,920	16,520	5,269	38	200,208
MADISON	13,476	3,892	9,584	5,000	3,575	897	1,137	20,193	15,020	15,620	4,573	32	146,324
MONROE	15,072	3,892	11,180	5,000	3,575	897	1,137	21,789	15,920	16,520	5,269	625	3,292,900
MONTGOMERY	10,788	3,892	6,896	5,000	3,575	897	1,137	17,505	12,500	13,100	4,405	40	176,186
NASSAU	28,548	3,892	24,656	5,000	4,111	1,032	1,217	36,016	29,571	30,771	5,245	1,031	5,407,760
NEW YORK	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	1,473	9,395,030
NIAGARA	13,668	3,892	9,776	5,000	3,575	897	1,137	20,385	14,426	15,026	5,359	169	905,610
ONEIDA	11,112	3,892	7,220	5,000	3,575	897	1,137	17,829	13,268	13,868	3,961	214	847,577
ONONDAGA	13,476	3,892	9,584	5,000	3,575	897	1,137	20,193	15,020	15,620	4,573	370	1,691,877
ONTARIO	15,072	3,892	11,180	5,000	3,575	897	1,137	21,789	15,920	16,520	5,269	77	405,685
ORANGE	18,588	3,892	14,696	5,000	3,575	897	1,137	25,305	20,036	20,636	4,669	411	1,918,811
ORLEANS	15,072	3,892	11,180	5,000	3,575	897	1,137	21,789	15,920	16,520	5,269	31	163,328
OSWEGO	13,476	3,892	9,584	5,000	3,575	897	1,137	20,193	15,020	15,620	4,573	65	297,222
OTSEGO	11,580	3,892	7,688	5,000	3,575	897	1,137	18,297	13,616	14,216	4,081	38	155,064
PUTNAM	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	78	497,496
QUEENS	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	2,566	16,366,359
RENSSELAER	17,004	3,892	13,112	5,000	3,575	897	1,137	23,721	16,892	17,492	6,229	137	853,324
RICHMOND	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	1,000	6,378,160
ROCKLAND	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	31,750	32,950	6,378	270	1,722,103
SARATOGA	17,004	3,892	13,112	5,000	3,575	897	1,137	23,721	16,892	17,492	6,229	57	355,032
SCHENECTADY	17,004	3,892	13,112	5,000	3,575	897	1,137	23,721	16,892	17,492	6,229	156	971,668
SCHOHARIE	17,004	3,892	13,112	5,000	3,575	897	1,137	23,721	16,892	17,492	6,229	39	242,917
SCHUYLER	10,500	3,892	6,608	5,000	3,575	897	1,137	17,217	11,804	12,404	4,813	12	57,752
SENECA	11,052	3,892	7,160	5,000	3,575	897	1,137	17,769	12,152	12,752	5,017	37	185,616
ST.LAWRENCE	9,792	3,892	5,900	5,000	3,575	897	1,137	16,509	11,852	12,452	4,057	102	413,777
STEUBEN	10,452	3,892	6,560	5,000	3,575	897	1,137	17,169	12,140	12,740	4,429	97	429,578
SUFFOLK	28,548	3,892	24,656	5,000	4,111	1,032	1,217	36,016	29,571	30,771	5,245	1,479	7,757,592
SULLIVAN	12,840	3,892	8,948	5,000	3,575	897	1,137	19,557	14,600	15,200	4,357	96	418,237
TIOGA	10,416	3,892	6,524	5,000	3,575	897	1,137	17,133	13,400	14,000	3,133	27	84,581
TOMPKINS	17,594	3,892	13,702	5,000	3,575	897	1,137	24,311	20,000	20,600	3,711	103	382,196
ULSTER	16,632	3,892	12,740	5,000	3,575	897	1,137	23,349	18,584	19,184	4,165	172	716,318
WARREN	12,792	3,892	8,900	5,000	3,575	897	1,137	19,509	15,080	15,680	3,829	57	218,232
WASHINGTON	12,792	3,892	8,900	5,000	3,575	897	1,137	19,509	15,080	15,680	3,829	5	19,143
WAYNE	15,072	3,892	11,180	5,000	3,575	897	1,137	21,789	15,920	16,520	5,269	80	421,491
WESTCHESTER	31,860	3,892	27,968	5,000	4,111	1,032	1,217	39,328	30,639	31,839	7,489	957	7,167,126
WYOMING	10,128	3,892	6,236	5,000	3,575	897	1,137	16,845	11,648	12,248	4,597	34	156,286
YATES	10,032	3,892	6,140	5,000	3,575	897	1,137	16,749	12,284	12,884	3,865	14	54,105
													118,724,839

October 2025 SUPPORTED HOUSING SHORTFALLS BY COUNTY – ONE BEDROOM APARTMENT

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