5.4% COLA ALONE IS NOT ENOUGH –

COLA MUST ALSO SUPPORT AGENCY EXPENSES AS WELL AS WORKFORCE BECAUSE RATES ARE DEEPLY INADEQUATE. COLA JUST CAN’T BE STRETCHED THIS FAR. IT DOESN’T WORK.

EXAMPLES

ELECTRICITY

FOOD WHERE APPLICABLE

OFFICE SUPPLIES /TECHNOLOGY

HEALTH INSURANCE & OTHER MANDATORY BENEFITS

TRANSPORTATION COSTS

TELEHEALTH INVESTMENTS AND MAINTENANCE

VERBAL TESTIMONY

MH and SUD provider organizations currently making impossible choices regarding their continued ability to provide access to care to New Yorkers in need of these services.

Tipping point with severe workforce shortages at precisely the moment when we can least afford to neglect the multiple impacts of COVID 19, the ongoing Opioid Pandemic and suicide rates, on New York’s collective mental wellbeing.

New Yorkers are hurting and seeking services to address the trauma and loss they have experienced in record numbers. And yet, here we are today having to plead for assistance.

Had the prior Administration recognized the essential value of our services and our workforce and done its’ part by consistently investing modest amounts of resources in our systems of care over the last decade, we would not be here today begging for assistance.

By our calculations, the former administration deprived the mental health and substance use disorder systems of care of over $500M by ‘not withstanding’ the statutorily required increases the law says we are entitled to each year.

This failure to deliver on statutory commitments has left community-based providers without resources they need to operate their programs and services, and it has left our workforce depleted and running for the doors.

Not a new problem. Prior to pandemic, our direct care turnover rates were upwards of 40% across the state. The difference today is that all the years of erosion coupled with the stress and trauma associated with these jobs has left us with a workforce shortage of epic proportions.

Waitlists for care across the state. Advocates and family members often call or drive from facility to facility searching for care. They cry into the phone as they contact programs and services that are at or above capacity. They beg for help. This is not the standard of care New Yorkers deserve. We must break the cycle of starving the MH and SUD systems of care and do it immediately.

The NYS Legislature has heard our cries over the years, and we know this Committee and others strongly support our work. We also know that the burden for addressing the crisis we face today cannot be addressed solely by the Legislature.

The deep hole we currently find ourselves in will require contributions from all sides of New York State government.

And while it is true that there are federal funds flowing into New York to help with the crises we currently face, we believe it is **New York’s responsibility to take immediate steps to address the shortages we face. We cannot rely on the federal government to (temporarily) bail us out of this crisis via COVID Relief funds. New York has a constitutional responsibility to ensure its’ most vulnerable New Yorkers have access to on demand mental health and substance use services via the public mental hygiene system.**

We thank you for the support you have provided over the years, and we look forward to working with you to address the needs of our community-based organizations, the staff who want to work for us but who cannot afford to do so, and most importantly, the individuals who rely on our services.