

# Expand Access to Mental Health and Substance Use Disorder Services: CREATE A VALUED WORKPLACE



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New Yorkers with mental health and/or substance use disorders deserve a well trained, culturally competent workforce. To reach this goal, providers need to offer fair salaries, competitive benefits and a safe working environment.

**Further Investment in the Community Based Mental Health and Substance Use Disorder Service Delivery System begins with strategic investments to address our workforce crisis.**

New York's community-based mental health and substance use disorder systems serve over hundreds of thousands of adults, children and families. The path to wellness and recovery is challenging, and family caregivers often suffer health and economic consequences associated with the stress of caring for loved ones.

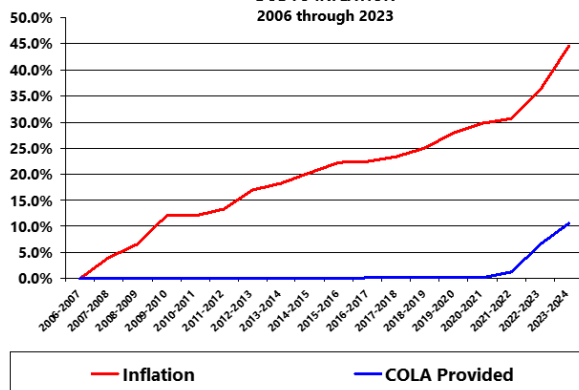
Recovery is personal. There are varied services and supports that can help foster moving forward in one's life. Through peer support, housing, residential services, care management, clinical support, medication management, family engagement, employment and educational opportunities and so much more, people can and do get better as evidenced by the number of people in recovery.

In order for individuals to succeed at the highest level, they need a trained and well-compensated workforce that understands these challenges and can work with them throughout their recovery journey. The pathway needed to support people with mental health and substance use disorder issues and their loved ones can only be achieved through a valued workforce. That is why on behalf of the hundreds of thousands of New Yorkers who currently receive mental health and/or substance use disorder services through the state's public mental hygiene system, as well as the providers who serve them, the above named organizations are **urging support for the following in the SFY 2024-25 proposed budget:**

## INCLUDE A 3.2% COLA

**Include a Cost-of-Living Adjustment (COLA) tied to the Consumer Price Index-U (CPI) at 3.2% (July 2023) in the SFY 2024-25 Executive budget proposal and add it back to the statute.** The COLA allows needed flexibility for agencies to meet increased costs associated with operations (energy, transportation, maintenance, food, required technology/ software, and more) and provide salary increases for their most valuable asset, their workforce.

**EROSION IN BEHAVIORAL HEALTH FUNDING DUE TO INFLATION 2006 through 2023**



## By the Numbers

**44.6%**

Annual CPI increases over a 17-year period from 2007-2008 through the current fiscal year 2023-24

**34%**

Total COLA deficit for the for OMH & OASAS Providers from 2007-2008 through 2023-2024 when compared to the CPI

**Between \$438M - \$497M**

The approximate total amount of COLA funding deficit for OMH and OASAS providers.



## ADD \$500 MILLION

**Increase rates for unrestricted flexible funding** to make up for decades of underfunding for the mental health and substance use disorder workforce, services and support. Such funding would be available to Medicaid and contract providers in the adult and children's behavioral health sector. Adding resources to behavioral health programs and services will take some of the burden off the current workforce.

According to a recent survey (July 2023) of mental health and substance use disorder agencies, **job vacancies are at 21% for staff working directly with individuals receiving care and services**. The vacancy rate continues to be high as our workforce is being asked to carry large caseloads, manage an abundance of paperwork and do tasks that aren't related to caring for the behavioral health concerns of the adults, children and families that they are serving.

**Build the job pipeline** by offering tuition reimbursement, scholarships and internship stipends available to individuals who commit to working in the public mental health and substance use disorder field following graduation.

**Expand loan forgiveness and repayments to all levels of staff** working directly with individuals receiving care and services from non-profit, for-profit and community based mental health and substance use disorder agencies.

**Develop Career Pathways for Adult, Youth and Family Peers** (people with lived experience and training) who are a critical part of the behavioral health workforce. Investments are needed to develop career pathways for adult, youth and family peers that recognize the critical personal experience they bring to complement traditional clinical approaches.

**Offer support in racial and social equity** by recognizing that the behavioral health workforce is diverse, primarily BIPOC women and, consequently, has been disproportionately impacted by lack of adequate wages. Our workforce often works multiple jobs to make ends meet. Providing increased funding for education, training, culturally competent care and support will help assist in sustaining our workforce.

## Lack of Resources Impacts Access with High Demand

Behavioral health providers are closing programs due to workforce shortages. At the same time, waitlists to access care continue to grow.

According to the Commonwealth Fund, **more than one-third of adults report** having a mental health condition or substance use disorder, but **less than half of adults receive treatment** for their condition because of provider shortages, high out-of-pocket costs, and **gaps in coverage and reimbursement** for behavioral health services.

Recent data indicate that **2.8 million New Yorkers aged 12 years and older had a SUD in the past year**. **Provisional data** indicate that 6,358 New York State residents died of a drug overdose in 2022 and 2,003 died from alcohol-related causes.

A two-year decline in yearly suicides ended in 2021, as **suicide rates rose** among younger Americans and people of color, according to **a new report from the Centers for Disease Control and Prevention**. Between 2018 and 2021, the suicide rate among Black people increased by 19.2 percent, from 7.3 to 8.7 per 100,000. The swiftest rise took place among some of the youngest Black people, those ages 10 to 24. The suicide rate in that group rose by 36.6 percent.

Epidemiological data now show alarming rates of **behavioral health needs among school-age youth**. Children and families are experiencing waitlists, and they are significantly more likely to go to the emergency department and to be hospitalized for mental health reasons since the start of the pandemic.