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The SFY 2024-25 Final Enacted Budget for the Behavioral Health Sector **MUST INCLUDE:**

3.2% COLA tied to the Consumer Price Index-U (CPI-U) (July 2023) & \$500M Investment in Additional Resources

Advocates for New Yorkers with mental health and addiction challenges, along with supporting community-based organizations, appreciate Governor Hochul's focus on mental health in the SFY 25 Executive Budget proposal. While the proposed initiatives address immediate needs after years of underfunding, we agree with the Governor that mental health is a critical issue.

However, the proposed 1.5% Cost-of-Living Adjustment (COLA) **falls short** of the needed 3.2% tied to the July 2023 CPI-U. This inadequate funding fails to address the severe workforce crisis and rising operational costs.

New Yorkers still face long wait times for mental health services, with children and families enduring extended stays in emergency rooms. More substantial investments are necessary to address these challenges.

INCLUDE A 3.2% COLA

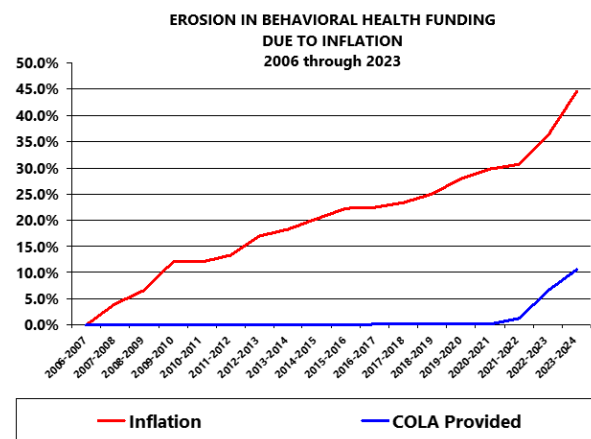
Include a Cost-of-Living Adjustment (COLA) tied to the Consumer Price Index-U (CPI) at 3.2% (July 2023) in the SFY 2024-25 Executive budget proposal and add it back to the statute.

The COLA offers agencies flexibility to cover rising operational costs (energy, transportation, maintenance, food, technology/software) and provide salary increases for their workforce, their most valuable asset.

COLA Increases and Deficits By the Numbers

From 2007-2008 through the current fiscal year 2023-24:

- **\$500 Million** - The approximate total amount of COLA funding deficit for OMH and OASAS providers.
- **44% annual CPI increases** over a 17-year period.
- **34% total COLA deficit** for the OMH & OASAS providers.



ADD \$500 MILLION

Increase unrestricted flexible funding to compensate for decades of underfunding in mental health and substance use disorder services, specifically targeting Medicaid and contracted providers in both adult and children's behavioral health sectors. This funding infusion will alleviate pressure on the current workforce, which faces a high job vacancy rate of 21% (July 2023 survey) due to heavy caseloads, paperwork, and non-care-related tasks..

Strengthen the job pipeline by providing tuition reimbursement, scholarships, and internship stipends to individuals who pledge to work in the public mental health and substance use disorder field after graduating.

Extend loan forgiveness and repayment programs to all staff levels directly serving individuals in care at mental health and substance use disorder agencies, including non-profit, for-profit, and community-based organizations.

Create career pathways for adult, youth, and family peers (individuals with lived experience and training) within the behavioral health workforce. Invest in these pathways to acknowledge the valuable personal insights they offer alongside traditional clinical approaches.

Support racial and social equity by acknowledging the diverse composition of the behavioral health workforce, predominantly BIPOC women who have been disproportionately affected by inadequate wages. Many in our workforce juggle multiple jobs to make ends meet. Increased funding for education, training, and culturally competent care will help sustain our workforce.

LACK OF RESOURCES IMPACTS ACCESS WITH HIGH DEMAND

Behavioral health providers face workforce shortages, leading to program closures, while waitlists for care grow. **Over one-third of adults have mental health or substance use disorders, yet less than half receive treatment due to provider shortages, costs, and coverage gaps.**

New York sees a startling rise in overdose deaths, with a **73% statewide increase and a 127% rise in fentanyl-related overdoses from 2018 to 2022.** NYC reports **700 overdose deaths in Q1 2023.**

Investments are crucial for substance use and mental health services as **1 in 4 adults with serious mental health issues also have substance use problems.**

Suicide rates rose among younger Americans and people of color from 2018 to 2021, with a **19.2% increase among Black individuals and a 36.6% rise among Black youth aged 10 to 24.**

Epidemiological data reveal **high behavioral health needs among school-age youth,** leading to waitlists and increased emergency department visits and hospitalizations since the pandemic's onset.