



TYSA 2023 Policy and Advocacy Priorities

NYC Level Policy & Advocacy Priorities

- Problem/Issue: In 2021, Staten Island's opioid overdose death rates exceeded that of the NYC average. Despite the burden of overdose death rates on our community, NYC Opioid Settlement dollars have bypassed the borough since they are primarily distributed through Health and Hospital (H&H) facilities that are not present on Staten Island. Additionally, Staten Island is the only borough without a city-run SUD clinic to cover uninsured clients.

Advocacy Asks: Staten Island needs additional city funding for behavioral health programming to compensate for the lack of Opioid Settlement Funds being sent to our borough. Based on \$159M of Settlement Funds, Staten Island-based programming deserves **\$12,720,000** to reflect **8%** (SI percentage of total NYC overdose deaths) of the population in need. These funds should support the entire continuum of services - prevention, treatment, recovery, and harm reduction and provide Staten Island-based on-site services through the Health and Hospitals System.

- Problem/Issue: LGBTQ+ youth are at a significantly higher risk than heterosexual and cisgender youth to have behavioral health and substance misuse problems. TYSA has utilized funding from the Unity Project to support youth-driven strategies across the borough via the CAMP program. This funding is not guaranteed, and the loss of this funding would put these youth at risk of losing, or having a gap, in life-saving services.

Advocacy Ask: Continue funding LGBTQ+ behavioral health prevention and treatment funding.

- Problem/Issue: Individuals with mental illness and/or substance use disorders who are struggling, but do not meet the criteria for hospitalization are ending up in the criminal justice system instead of getting adequate support to improve their wellness.

Advocacy Ask: Fund additional Crisis Respite Centers or "health diversion centers" where people can get treatment until they are stable and fill the gap that exists between hospitalization and existing options for outpatient care in the community.

NY State-Level Advocacy

Workforce Concerns

- Problem/Issue: We thank you for continuing the \$3,000 retention bonus in your budget. However, this will only be helpful for retaining newer staff. More substantial annual raises that keep up with the cost of living are needed to ensure that more experienced staff have the incentive to stay



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Advocacy Ask: An 8.5% COLA in FY 23-24 for OASAS and OMH staff (Based on July 2022 CPI). A 2.5%, as indicated in the state budget, will not be sufficient. We also ask for guaranteed COLAs at CPI rate moving forward

- Problem/Issue: Behavioral health reimbursement rates from both Medicaid and private insurance are lower than reimbursements for other medical issues and not sufficient in helping provide treatment providers an adequate salary.

Advocacy Asks: We recommend an increase of 8.5% for fee-for-service reimbursements to eliminate this disparity.

- Problem Issue: Rates for both provision of services and for worker wages need to be raised. There is vague language about “payment parity” in the budget but it is unclear if behavioral health treatment providers/programs are included in this.

Advocacy Asks: Temporarily suspend registration fees associated with the initial application for and renewal of professional licenses for Mental Health Practitioner. Fund scholarship or tuition reimbursement programs for students pursuing mental health practitioner degrees, such as a CASAC or MSW. Expedite implementation of State Education Dept. (SED) Diagnostic Privilege as enacted in 2022. Fund a state-run fellowship to promote behavioral workforce development.

- Problem/Issue: Recent opioid overdose data indicate an increase in mortality among communities of color in New York. Currently, New York is facing a shortage of behavioral health professionals, particularly among professionals who are persons of color.

Advocacy Asks: Support growth in the number of communities of color mental health professionals through investments in the career pipeline. Temporarily suspend registration fees associated with the initial application for and renewal of professional licenses for Mental Health Practitioner. Fund scholarship or tuition reimbursement programs for students pursuing behavioral health practitioner degrees, such as a CASAC or MSW. Expedite implementation of State Education Dept. (SED) Diagnostic Privilege as enacted in 2022. Fund a state-run fellowship to promote behavioral workforce development. Fund grant-based programs for uninsured individuals.

- Problem Issue: State Office of the Medicaid Inspector General (OMIG) obligations to oversee the NYS Medicaid program have resulted in aggressive audit practices that have been devastating to local agencies through exorbitant fines.

Advocacy Ask: We urge Governor Hochul and the State Legislature to support Senate Bill S4486B, which relates to the audit and review of medical assistance program funds by the Medicaid Inspector General.



TYSA 2023 Policy and Advocacy Priorities

- Problem/Issue: We applaud the state's investment in Certified Community Behavioral Health Clinics (CCBHCs), however, the process to become certified is challenging given workforce challenges.
Advocacy Ask: We need funding to support additional staffing needs to implement the CCBHC's in agency settings.

Early Intervention and Prevention Funding

- Problem/Issue: The legalization of cannabis products is making them more accessible and socially acceptable for youth. Further, the prevalence of unlicensed retail outlets in our communities are providing easy access to unregulated and dangerous products.
Advocacy Ask: We require increased funding to support education for parents and caregivers on safe cannabis use and storage and enforcement of unlicensed sites within close proximity to schools.
- Problem/Issue: Primary Prevention contracts have been stagnant for over 20 years making it difficult to recruit and retain staff and cover the costs of doing business.
Advocacy Ask: We recommend a **10%** increase to all OASAS Primary Prevention contracts
- Problem/Issue: Currently, there are no providers representing the field of prevention on the Opioid Settlement Advisory Board.
Advocacy Ask: We recommend that at least one provider representing the Prevention workforce be nominated to this Board.

Housing - Reintegration and Subsidized Housing, Supported Housing with Services

- Problem/Issue: Clients coming out of residential care or detox need transitional housing beds to assist with integration into safe permanent housing. Further, persons able to integrate into permanent housing cannot afford to transition into housing on Staten Island because the costs of rental housing far exceed the SSI or public assistance amount for indigent substance users in recovery. Staten Island is the only borough in NYC that did not receive supportive housing units as part of Gov. Hochul's plan to support homeless people with behavioral health needs.
Advocacy Ask: We also recommend funding for additional reintegration beds for Staten Island.



**TACKLING
YOUTH
SUBSTANCE
ABUSE**

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We recommend rental subsidies at a level able to absorb the increased rents for apartments on SI and additional permanent supported housing for homeless people with addiction histories.



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Federal Policy & Advocacy Priorities

In December 2022, Congress passed, and President Biden signed, the omnibus appropriations bill to fund the Federal Government for Fiscal Year (FY) 2023. This bill funds and reauthorizes many substance use prevention and treatment programs at their highest levels ever. Some of these successes are detailed below.

Appropriations Successes:

- The Drug-Free Communities (DFC) program in the Office of National Drug Control Policy (ONDCP) is funded at \$109 million. This is the highest level ever and is \$3 million above the final FY 2022 appropriated amount of \$106 million in FY 2023. **TYSA receives DFC funding.**
- The Comprehensive Addiction and Recovery Act (CARA) Section 103 enhancement grants to allow current and former DFC coalitions to do more with more intensity about the opioid and stimulant epidemics, are funded at \$5.2 million in FY 2023. This is level with the final FY 2022 appropriated amount. **TYSA receives CARA funding.**
- The Center for Substance Abuse Prevention's (CSAP) Programs of Regional and National Significance (PRNS) in the Substance Abuse and Mental Health Services Administration (SAMHSA) is funded at \$236.879 million in FY 2023. This is \$18.66 million above the final FY 2022 appropriated amount of \$218.219 million. It includes:
 - o The Sober Truth on Preventing Underage Drinking (STOP) Act enhancement grant program to allow current and former DFC coalitions to do more with more intensity around underage drinking is funded at \$11 million in FY 2023. This is \$2 million above the final FY 2022 appropriated amount of \$9 million.
- The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States and Territories. It is the cornerstone of States' substance abuse prevention, treatment, and recovery systems. SAMHSA is funded at \$1.928 billion in FY 2023. This is \$20.8 million above the final FY 2022 appropriated amount of \$1.908 billion. This increases the 20% prevention set-aside to \$385.6 million for FY 2023. **SAPT Block Funding provides funding to many of the SI providers across the continuum.**
- The FY 2023 omnibus appropriations bill includes the Restoring Hope for Mental Health and Well-Being authorization package that reauthorizes many programs of interest to the field. This includes all of the programs in SAMHSA and the STOP Act.

Ask: We urge our representative to fund these programs at the highest levels in Fiscal Year 2024