



Jihoon Kim, LMSW
President & CEO
194 Washington Avenue
Suite 300
Albany, New York 12210
InUnityAlliance@IUANY.org
www.IUANY.org

FY 2026 Executive Budget Testimony

Joint Legislative Public Hearing on Mental Hygiene

February 5, 2025

“Good afternoon, Committee Chairs Krueger and Pretlow, and distinguished committee members.

My name is Jihoon Kim. I am the President and CEO of InUnity Alliance and a social worker by training. It’s an honor to be here today representing more than 200 community-based organizations serving New Yorkers at risk of or living with substance use disorder and mental health conditions. Beyond advocacy, our organization provides training and is the exclusive certifying body for peer recovery credentialing in New York State.

Thank you, Senator Fernandez, for your continued support and funding of our peer credentialing program.

As we all know, addiction and mental health conditions are not unlike other medical conditions, such as diabetes. There are early signs, and without care, the symptoms get worse. Yet, due to persistent stigma and a lack of understanding, when untreated, these conditions jeopardize close relationships, disrupt the ability to earn a living, and even put lives at risk. While hospitals can provide short-term stabilization, for most, true recovery requires ongoing care. Without it, the cycle continues.

I know this from personal experience. I was fortunate to receive care early, but not early enough to avoid multiple hospitalizations and long-term rehabilitation. I am a person in long-term recovery from a mental illness and a substance use disorder.

I share this because the substance use disorder and mental health care system – despite its many challenges – saved my life, but it is now crumbling. People like me are missing their second chance. New Yorkers who need care wait months, even over a year, for their first appointment – many fearing that symptoms will get worse, only being prioritized when they are in crisis.

While the Governor’s historic \$1 billion commitment to mental health was a step forward and is appreciated, existing programs are struggling to stay afloat due to years of underinvestment. They are doing everything they can, relying on a patchwork of funding to fill the gaps, and scrambling to navigate severe and persistent workforce shortages. Substance use disorder services are particularly vulnerable, as they have largely been excluded from major transformation efforts and continue to be overlooked.



Jihoon Kim, LMSW
President & CEO
194 Washington Avenue
Suite 300
Albany, New York 12210
InUnityAlliance@IUANY.org
www.IUANY.org

Multiple mental health service providers have approached us, saying they would like to apply for the new initiatives, but they do not have enough staff or resources. Organizations delivering core services like Assertive Community Treatment—serving the population intended to be reached by the proposed expansion of involuntary admission criteria—are voicing serious concerns about their financial sustainability.

New York must invest in ongoing, comprehensive funding strategies to ensure that life-saving substance use disorder and mental health services remain available to all who need them. We are calling for a 7.8% increase to get caught up with inflation, as well as an enhanced Medicaid rate. The proposed 2.1% is woefully inadequate.

By investing in these services, you are meeting the growing needs of New Yorkers and fostering opportunities that help tear down health inequities.

I appreciate the Committee’s time and consideration of these requests and am available to provide additional information. “



Jihoon Kim, LMSW
President & CEO
194 Washington Avenue
Suite 300
Albany, New York 12210
InUnityAlliance@IUANY.org
www.IUANY.org

ADDICTION AND MENTAL HEALTH SERVICES ARE AT RISK AMID HIGH CARE NEED

In 2022, **2.8 million** New York state residents ages 12 years and older had a substance use disorder in the previous year and **6,358** died from a drug overdose.^{1,2} In 2023, **8,942** New Yorkers visited an emergency department for an opioid-related overdose.³ More than **8,050** people living in NYS die each year due to excessive alcohol use.⁴

In 2021-2022, **3.2 million** adult New Yorkers had a mental illness and **783,000** were living with a severe mental illness.⁵ Suicide claimed the lives of **1,765** NYS residents in 2022.⁶

Lack of timely access to care leads to preventable tragedies such as overdose, suicide and life-long lost opportunities. The repercussions are far-reaching, also profoundly impacting loved ones and communities, with disparities among children, racial and ethnic groups, people with disabilities, LGBTQ+ and others.

INVESTMENT IS URGENTLY NEEDED TO STABILIZE AND EXPAND ACCESS TO CARE

The addiction and mental health care delivery system is grappling with how to meet increased needs with scarce resources due to severe, chronic underinvestment.

- **Increase substance use disorder and mental health service rates and contracts by 7.8%.**
New York state has not provided adequate cost-of-living adjustments (COLA) to addiction and mental health services, leading to significant challenges in recruiting and retaining staff. This has severely limited access to care. There is a COLA funding deficit of approximately \$500 million between 2007 and the current fiscal year 2024.
- **Invest in substance use disorder prevention and care with a commitment equal to that for mental health.**
Opioid settlement funds, restricted to one-time investments and only for opioid use disorder, are dwindling. High rates of opioid overdose persist, and gambling addiction and other substance use disorders such as alcohol use disorder, continue to escalate. NYS urgently needs to dedicate funding to stabilize and expand access to the SUD care continuum, including: prevention, treatment, risk reduction, and recovery services, including vocational and job placement services

¹ New York State Office of Addiction Services and Supports. (September 2023). *Addiction Data Bulletin*.
https://oasas.ny.gov/system/files/documents/2023/09/addiction_data_bulletin.pdf

² Centers for Disease Control and Prevention. (2022). *Drug Overdose Mortality by State*.
https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

³ New York State Department of Health. (July 2024). *New York State County Opioid Quarterly Report*.
https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid-quarterly/reports/#state

⁴ New York State Department of Health. (2024). *New York State Behavioral Risk Factor Surveillance System Brief*.
https://www.health.ny.gov/statistics/brfss/reports/docs/2024-18_brfss_alcohol_screening.pdf

⁵ Office of the New York State Comptroller (2024). *Mental Health: Inpatient Service Capacity*. <https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf>

⁶ New York State Office of Mental Health. (May 2024). *New York State Suicide Prevention Taskforce Conducts Inaugural Meeting*.
<https://apps.cio.ny.gov/apps/mediacontact/public/view.cfm?parm=1AACEE22-E55C-E74A-0F50FFD1BA353251>



Jihoon Kim, LMSW
 President & CEO
 194 Washington Avenue
 Suite 300
 Albany, New York 12210
 InUnityAlliance@IUANY.org
 www.IUANY.org

Article VII Legislation

Topic	Description	Position
Cost of Living Adjustment	Provides a targeted 2.1% Cost of Living Adjustment.	Support, but increase to 7.8%.
Prescriber prevails	Modifies the "Prescriber Prevails" provision to limit the circumstances under which healthcare providers can override the Medicaid Preferred Drug List.	Oppose
Managed Care Organization tax	Establishes a tiered tax structure on Managed Care Organizations (MCOs) based on Medicaid and essential plan member months.	Include OASAS and OMH community-based services.
Opioid dispensing	<ul style="list-style-type: none"> • Authorizes licensed pharmacists to prescribe and order medications to treat nicotine dependence. • Permits practitioners to dispense controlled substances as emergency treatment for initiating maintenance treatment, detoxification treatment, or both; a three day supply of buprenorphine – aligning with federal requirements. 	Support
Scope of practice expansion	<ul style="list-style-type: none"> • Authorizes licensed pharmacists to prescribe and order medications to treat nicotine dependence. • Permits physician’s assistants to practice without a supervising physician under certain circumstances. • Allows for certified medication aides to work in residential health care facilities. • Permits medical assistants and registered pharmacy technicians to draw and administer medications. 	Support
Nurse licensure compact	Allows New York state to join the Interstate Licensure Compact and the Nurse Licensure Compact, allowing physicians and nurses licensed in other states to practice in NYS.	Support
Time-limited demonstration programs	Makes permanent the authority of the Office of Mental Health, Office of Addiction Services and Supports and the Office for People with Developmental Disabilities to design and implement time-limited demonstration programs.	Support



Jihoon Kim, LMSW
 President & CEO
 194 Washington Avenue
 Suite 300
 Albany, New York 12210
 InUnityAlliance@IUANY.org
 www.IUANY.org

Article VII Legislation

Topic	Description	Position
Involuntary Commitment and Assisted Outpatient Treatment	<p><i>Involuntary admission</i></p> <ul style="list-style-type: none"> • Expands criteria for involuntary admission to include, "a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, medical care, safety, or shelter". • Requires clinicians to review medical records, all credible reports of a person's recent behavior, any credible, known information related to medical and behavioral history and any other relevant information. • Authorizes psychiatric nurse practitioners to certify criteria for involuntary admission with a physician. • Requires hospitals to notify community-based providers when a client on their caseload is admitted or discharged. <p><i>Assisted Outpatient Treatment</i></p> <ul style="list-style-type: none"> • Expands who can request AOT to include an individual's domestic partner or cohabitant of the person's residential unit. • Updates standards for re-entry into the program after the order expires to include: <ul style="list-style-type: none"> ○ symptoms of mental illness that substantially interfere with or limit a person's ability to maintain their health or safety; ○ received emergency treatment or inpatient care; or ○ have been incarcerated due to lack of compliance with treatment. • Clarifies that physicians can testify by video conference. 	<p>Oppose. Involuntary admission should be used only as a last resort. Expanding criteria for involuntary admission without ensuring there is adequate access to ongoing care after discharge will not improve outcomes.</p>



Jihoon Kim, LMSW
 President & CEO
 194 Washington Avenue
 Suite 300
 Albany, New York 12210
 InUnityAlliance@IUANY.org
 www.IUANY.org

Legislative Priorities

Action	Rationale	Bill/Law
Make telehealth parity permanent.	Maintain access to care and sustain the workforce in community-based settings by ensuring that the rates for telehealth are the same as in-person services.	S354
Increase oversight and penalties for health plans illegally delaying payment.	Delayed payment results in financial hardship for services and a redirection of limited staff, including clinical professionals, away from care.	N.Y. Ins. Law § 3224-a
Reform the NYS contract process.	Delays in contract execution and payment directly impact the delivery of services, resulting in delayed hiring and closures.	S2075/A506
Reform the Medicaid audit process.	The current audit process is needlessly punitive and threatens the viability of essential services.	A1069
Make the opioid stewardship fund permanent.	Ensure funding to combat opioid overdose is available beyond the fund's expiration and provide transparency in the distribution of funds.	S55/A69
Cap the cost share.	Capping the cost share for SUD and mental health services will remove cost as a barrier to care.	S1763A
Presume eligibility for medical assistance upon release from incarceration.	Early initiation of SUD and mental health care increases positive outcomes for people who were formerly incarcerated.	S614/A1008
Permit dispensing of a three-day supply of buprenorphine.	Initiation of maintenance treatment, withdrawal management, or both in emergency situations decreases the risk of overdose.	S3416
Authorize billing for peer professional services.	Peer professionals are demonstrated to substantially improve the trajectory of recovery for SUD and mental health conditions.	S1796, A943