



National Alliance on Mental Illness

NAMI | New York State

Analysis of Governor Cuomo's 2018 State of the State

On January 3rd, Governor Cuomo gave his State of the State Address and released the State of the State Book. Among the many initiatives the Governor proposes, some will have a direct impact on individuals and families affected by mental illness. These initiatives are aligned with five of NAMI-NYS main advocacy priorities: 1) Housing 2) Criminal Justice 3) Community Reinvestment 4) Access to Appropriate Medications and 5) Mental Health in Schools.

Below NAMI-NYS provides an analysis of the State of the State initiatives relevant to our advocacy issues. We have broken these down into four sections (we created one section that addresses both community reinvestment and access to medications), which detail the Governor's goal (and where to find the goal in the State of the State Book), his proposal to achieve that goal and NAMI-NYS's response to the initiative. While there are encouraging aspects to these initiatives NAMI-NYS's analysis will explain what else we think needs to be done to fully introduce positive change.

More details of these initiatives will be announced in the Executive Budget Proposal which is due by January 16th.

The italic text excerpts are taken directly from the Governor's State of the State Book:

<https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/2018-stateofthestatebook.pdf>

1-Housing Issues

Governor's Goal: Launching a Comprehensive Plan to Attack Homelessness (page 77):

*Governor Cuomo is committed to implementing innovative solutions to address the multi-faceted problem of homelessness, including expanding access to affordable housing across the state. **In 2016, the Governor launched a landmark \$20 billion, five-year plan to combat homelessness and advance the construction of affordable housing in New York State, which included \$10 billion to end the homelessness crisis and support housing programs, rental subsidies and other shelter costs in New York City and across the state.***

The plan built on the Governor's strong record of addressing the challenge of homelessness. In 2016, the Governor issued Executive Order 151, which required that local social services districts take all necessary steps to identify street homeless persons and shelter them during

inclement weather, and in June of that year the Governor created the New York State Interagency Council on Homelessness to explore targeted solutions to homelessness.

Despite the great strides taken and the tremendous investment already made, homelessness remains a challenge in New York. A recent report issued by the U.S. Department of Housing and Urban Development indicated that there were 88,352 homeless people in the state on a single night in January. ¹⁴ This represented 16 percent of all homeless people in the entire U.S. on that night. In New York, we will not let up in the fight to combat the root causes of homelessness and ensure all New Yorkers have a safe place to live. To address the continued needs in New York City and across the state, Governor Cuomo will build on his historic investments to improve homeless services and develop supportive and affordable housing.

Proposal: Increase Mental Health and Substance Use Disorder Services for Individuals Experiencing Homelessness Two of the primary contributing factors to homelessness, especially for homeless single adults, are mental illness and/or substance abuse. We know that 20- 25 percent of those experiencing homelessness in the United States suffer from substance use disorder or severe mental illness and New York State is in line with national statistics in this area. Accessing treatment and recovery services, even when an individual is willing to accept them, is often difficult.

To strengthen shelter services for homeless individuals living with mental illness in existing homeless shelters, Governor Cuomo will direct the Office of Mental Health and the Office of Temporary and Disability Assistance to work together to ensure that Assertive Community Treatment (ACT) teams are connected to existing shelters, so that individuals with mental illness can access needed treatment.

In addition, the Office of Alcoholism and Substance Abuse Services will make on-site peer delivered substance abuse treatment services available in 14 existing shelters across the state. These on-site services will serve close to 200 homeless individuals with substance use disorder, with services provided in shelters that are located in areas that have seen the biggest increases in substance use.

NAMI-NYS Response: The availability of community-based housing with wrap-around psychiatric services remains NAMI-NYS top legislative priority. **While the initiatives proposed are good first-steps (especially having ACT teams in shelters), much more needs to be done. The Governor failed to mention the importance of investing in New York's community-based mental health housing system.**

NAMI-NYS supports the initiatives proposed by the [Bring it Home, Better Funding for Better Care](#) campaign that call for proper investments to ensure the community-based mental health housing system can deliver not just housing but the best recovery oriented care possible.

[Click here](#) to watch the episode of Mental Health Now which discusses the importance of housing to mental health recovery.

2-Improving the Mental Illness-Criminal Justice Interface

Governor's Goal Creating A Safer, Smarter and Fairer Criminal Justice System (page 57): Governor Cuomo has advanced significant criminal justice reforms throughout his time in office, improving every stage of the justice system from arrest to community re-entry. **Under his leadership, the State has invested more than \$25 million each year in approximately 165 community-based alternatives to incarceration programs, which include rehabilitative therapies such as drug, alcohol, and mental illness treatment.** In 2014, the Governor created the Council on Community Re-Entry and Reintegration to address the challenges formerly incarcerated individuals face upon reentering society and advise the administration on methods to improve re-entry and reduce recidivism. Three major reforms were passed this past year, including:

- **Raising the age of criminal responsibility in New York State to 18 years of age;**
- **Extending the landmark Hurrell-Harring settlement's indigent criminal defense reforms to the entire State, becoming the first state in the nation to overhaul its public defense system in such a drastic manner; and**
- **Requiring law enforcement to video-record interrogations for serious offenses and allowing properly-conducted witness identification into evidence at trial.**

Proposal: Reform the Criminal Justice System: Bail, Speedy Trial, Civil Asset Forfeiture and Re-Entry (page 58): One of the central challenges facing New York's criminal justice system is an unnecessary and unjust use of pretrial confinement for individuals who have not been convicted of any crime. Making matters even worse, we require these individuals to pay money to obtain their freedom, disproportionately punishing those of limited means. This is not justice. This year, Governor Cuomo will advance an aggressive criminal justice reform agenda to address this and other challenges facing the criminal justice system.

These include:

Bail Reform: **New York's jails are currently filled with an alarming majority of individuals who have not been convicted of any crime and are simply waiting for their day in court.** In fact, in New York City, more than 75 percent of people held in jail last year were pretrial defendants. Throughout the rest of the State in 2016, more than 60 percent of people were held pretrial. **This is unacceptable and blind to justice.** To address this, the Governor will advance legislation to accomplish the following:

- o **First, the law will create a presumption that people facing misdemeanor and nonviolent felony charges must be released, and they must be released without cash bail.** People will be released

either on their own recognizance or with non-monetary conditions imposed by the court, such as reporting to a pretrial services agency.

*o **Second, monetary bail would be permitted, but not required, in remaining cases, after an individualized assessment of the nature of the case and the defendant's personal and financial circumstances.** If a judge does set bail, the court must give the defendant a choice between cash or bail industry bonds and an alternative form of bail that the judge will set, such as an unsecured or partially secured bond.*

NAMI-NYS Response: This is beneficial for people with mental illness who are arrested as many have limited means. NAMI-NYS believes that we need expanded mental health courts, where in cases involving people with mental illness are properly handled not just in bail procedures but to ensure that those arrested, are directed to one of 165 community-based alternatives to incarceration programs, the Governor referenced above. **NAMI-NYS local affiliates must be diligent in advocating for mental health courts in their community.** NAMI-NYS has also worked with the NYS Magistrate Association to educate local judges in communities without mental health courts on properly overseeing cases involving those with mental illness.

Re-entry Proposals: *Individuals with criminal convictions continue to face significant economic and social barriers to their successful reintegration into society. **New York must do more to ensure those who have paid their debt to society have the tools to be productive members of society.** First, the Governor will advance legislation to remove mandatory suspensions of driver's licenses for people convicted of drug crimes, which keeps people from going to work and attending drug treatment, as long as the crimes did not involve driving. Second, he proposes to remove outdated statutory bans on occupational licensing for professions outside of law enforcement and instead require agencies to assess applicants on an individualized basis. Third, he will also safely expand opportunities for release from prison for deserving individuals through geriatric release consideration for people over the age of 55 with debilitating conditions exacerbated by age, by expanding the type and variety of programming that will make people eligible for merit release and limited credit time allowances, and studying whether people eligible for limited credit time allowances can safely take part in educational and work release. Fourth, the Governor will reduce the financial burdens of individuals after their release to accelerate their return to productivity, including removing the parole supervision fee, and having local child support enforcement offices review child support orders of people incarcerated for over six months, and, if warranted, adjust the orders downward so that unpayable child support debt does not accumulate during a person's incarceration. Without this crushing weight of debt, a parent emerges from prison ready to start working, and to start supporting his or her child upon release. Lastly, the Governor will direct the Council on Community Re-entry and Re-integration, the Board of Parole, and the Department of Corrections and Community Supervision to undertake a comprehensive review of parole revocation guidelines and practices to determine appropriate alternatives to incarceration for*

those who violate technical parole conditions but pose no risk to public safety. Thirty-three percent of individuals released in 2012 were returned to prison within three years due to technical parole violations. New York jails and prisons should not be filled with people who may have violated the conditions of their parole, but present no danger to our communities. This review will explore how New York can better promote success for these individuals

NAMI-NYS Response: While this is beneficial, one aspect not detailed in this proposal which NAMI-NYS believes to be crucial to successful re-entry for people living with a mental illness is **Medicaid access and discharge planning**. People, who had Medicaid at the time of their incarceration, must have their Medicaid reinstated thirty days prior to their release. They must also receive discharge planning that includes information on where to access services (ideally with an initial appointment scheduled for shortly after release) and medications. NAMI-NYS also believes that all incarcerated people who have a mental illness should receive Medicaid services upon release.

Proposal: Reduce New York's Use of Solitary Confinement (page 69): *In 2016, Governor Cuomo began implementing a historic agreement reached between the New York Civil Liberties Union and the Department of Corrections and Community Supervision to reduce the frequency and duration of solitary confinement and to improve conditions within state prisons. While the agreement only required implementation of the new provisions over the course of multiple phases and years, the State immediately began implementing change. The Governor also exceeded the parameters of the settlement agreement by advancing regulations this past year to provide stricter oversight of the use of solitary confinement in local jails. **The results of these efforts have been remarkable within the State system. There has been a staggering 29 percent reduction in the number of inmates serving sanctions in a Special Housing Unit (SHU), so that roughly 5 percent of the entire population is confined to a SHU cell. Moreover, the average length of stay of an inmate in a SHU cell has decreased by nearly 25 percent and the average length of a SHU sanction has decreased by 21 percent.***

The State intends to continue this massive overhaul of the methods employed in correctional facilities. The Governor will direct the Department of Corrections and Community Supervision to close more than 1,200 SHU beds throughout New York State's correctional facilities. This effort will continue the Governor's legacy of delivering a safer and smarter correctional system that more effectively rehabilitates incarcerated individuals.

NAMI-NYS Response: Reforming the use of solitary confinement has long been a plank in our advocacy platform of improving the mental illness-criminal justice interface. NAMI-NYS believes New York State must initiate the following standards: **1) No one who has been diagnosed with a psychiatric disorder should be put in solitary confinement. 2) There needs to be a cap to how long one can stay in solitary confinement.**

NAMI-NYS supports A3080/S4784-The HALT bill which reforms the use of solitary

confinement. Cap the amount of time someone serves in solitary and ensure people with mental illness are not put in solitary.

NAMI-NYS Response: NAMI-NYS believes that one crucial element needed to create a “safer, smarter and fairer criminal justice system” is expansions of Crisis Intervention Teams (CIT) which train police on how to properly interact with people with psychiatric disorders. CIT was not mentioned as part of the Governor’s efforts. The NYS Senate funded state-wide (CIT) program is designed: 1) to transform crisis response systems so that police are not the first responders to individuals suffering emotional crises in the community, and 2) to prepare law enforcement officers so that when they are the first responders they have the knowledge, skills and support to de-escalate situations and divert individuals from the criminal and juvenile justice systems.

[Click here](#) to watch the Mental Health Now episode on CIT.

3-Community Reinvestments/Access to Proper Medication

Governor’s Goal: Empower Health Care Consumers (page 247)

Governor Cuomo has taken historic steps to increase access to health care for millions of men, women and children, and today, more New Yorkers have access to health insurance than ever before, and all New Yorkers have new rights to more comprehensive coverage. Across the state, payers, providers, and consumers are working hand-in-hand to make landmark advances to improve quality of care while slowing the growth of costs. Despite these achievements, health care coverage is still out of reach for many, those with insurance often struggle to pay for their care and everyone must navigate a health care system that can be complex and confusing. At Governor Cuomo’s direction, New York State will undertake a comprehensive set of initiatives to safeguard the rights of patients and their families and strengthen their ability to have more control over their healthcare. These initiatives include:

Proposal: Promote price transparency: *Because of copays and high deductibles, New Yorkers are increasingly making significant out-of-pocket payments and so become healthcare “consumers.” In order to help New Yorkers decide where to obtain healthcare services, the Department of Financial Services will require health plans to provide members with information, such as cost-estimator tools and quality ratings about healthcare providers in their network, so they can make more intelligent decisions regarding their choice of provider.*

NAMI-NYS Response: This is certainly a positive initiative that would benefit all health consumers including those requiring mental health services. **However more needs to be done to ensure that private insurance providers are honoring the contract signed by their consumers and do not switch prescription drug formularies mid-contract.** This is a practice that has become too common and leads to people not receiving the most appropriate medications.

This is especially important for people with psychiatric issues receiving anti-psychotic and/or anti-depressant medications which are not interchangeable.

NAMI-NYS Supports A.2317A/S.022A-Which regulates private insurance providers making Changes to prescription drug formulary during a contract year.

Proposal: Increase awareness of financial assistance policies: *New York State requires hospitals to provide financial assistance for patients with incomes of 300 percent of the federal poverty level or less, but patients may be unaware of these policies. In order to promote awareness, the State will provide clear guidance on uniform standards for financial assistance applications, e-provide a central, on-line location with links to every hospital's financial assistance policy, and will require hospitals to include a link to their financial assistance policy.*

NAMI-NYS Response: This would certainly be beneficial, however when someone is in the middle of a psychiatric emergency it would be quite difficult for them to research this information. **This is why it is so important that families and caretakers are aware of this information.** Once established, NAMI-NYS will put the link to the central on-line location to financial assistance information on our website and in printed materials.

Proposal: Expand Access to Health Care in Rural New York by Expanding Telehealth Services (page 251): *Under Governor Cuomo's leadership, New York has made historic gains in ensuring access to health care across the state, including in rural areas. Since 2011, the uninsured rate for rural New Yorkers has declined by almost half—many gaining health insurance for the first time.*

Many rural New Yorkers still face the challenges of long travel distances and provider shortages, which can present substantial costs and barriers to care. Telehealth can be an important and effective tool in bridging the access gap, yet health care providers in rural areas face resource constraints across programs, impeding their ability to make the investments necessary to support innovative programs like telehealth and expand access to care within their communities.

To continue to build on the State's historic progress in increasing access to health care, New York State will take a series of steps to modernize the delivery of telehealth services and ensure that rural New Yorkers have access to the care they need, when and where they need it.

First, New York State will propose legislation to ensure that New Yorkers covered under the Medicaid program can receive telehealth services in a wider range of settings—including from their own homes. Under current state law, outdated statutory barriers restrict the settings in which patients can access telehealth services—meaning patients looking to receive care may still need to travel long distances in order to be eligible for these services and may not be able to receive telehealth services where and when they need them most. Under new legislation, a patient may receive telehealth services wherever they are located.

The State will also launch a new pilot program to address the resource constraints that many rural health care providers face. The pilot will support rural providers across the State of New York—enabling them to make the necessary investments in telemedicine equipment and IT support to bring health care to rural New York.

NAMI-NYS Response: NAMI-NYS has long advocated for expanding the use of telehealth services for psychiatric care especially in rural areas. However, telehealth is insufficient in times of crisis. **This is why NAMI-NYS wants to see community reinvestments that include Assertive Community Treatment (ACT) teams and respite centers so appropriate services are available during times of crisis. NAMI-NYS firmly believes no one should have to travel more than an hour to access emergency and crisis psychiatric care.**

4-Mental Health in Schools

Governor’s Goal: Expanding Educational Opportunity for All (page 102)

Proposal: Improve School Mental Health Capacity and Services in Community Schools: *Trauma at early ages has been found to lead to difficulty learning and ongoing behavior problems. **Given the overwhelming amount of research connecting childhood mental health with school performance and long-term success, teachers and school administrators need new tools to support student’s mental health and wellness.***

*Under Governor Cuomo’s leadership, New York has significantly changed the way the State approaches mental health in schools. In 2016, as part of the Safe Schools emergency plans, school districts are now required to train staff on mental health and the emergency plans. **In 2017, mental health was included as an allowable use of the \$150 million in community school funds. Beginning in the 2018-19 school year, school districts are now required to include mental health as part of the health curriculum. In addition, there are now 745 school-based mental health clinics licensed by New York State Office of Mental Health to help students better access services.***

*Despite this progress, student mental health remains a challenge. In order to better support schools, **Governor Cuomo is proposing \$250,000 to create enhanced mental health support grants. Community schools programs would be eligible to include mental health activities in wrap-around services.** Funds can also be used to improve school climate, combat violence and bullying, and support social-emotional learning.*

Proposal: Launch a Five-Point Plan to Ensure No Student Goes Hungry: *Governor Cuomo has invested more than \$150 million to support the transformation of community schools to ensure schools are meeting their students’ academic and well-being needs. New York State also provides an additional per meal reimbursement to schools to assist with providing high quality meals for children. In 2015, Governor Cuomo established funding to support Farm to School implementation, and to connect schools with local farmers.*

Despite best efforts some students still go hungry. In 1994, New York passed a law requiring schools that are considered “severe need” regarding student eligibility to serve school breakfast in addition to lunch. However, New York was identified as in the bottom ten states for students participating—which means students begin their day hungry. In addition, news stories have reported the disgraceful practice of lunch shaming, which is denying a child food or embarrassing him or her due to inability to pay.

The issue of food insecurity is not only limited to K-12 students. A recent national survey of college students found that 48 percent experienced food insecurity in the past 30 days. The data suggests that hunger is more common among college students than the U.S. population as a whole, in which 14 percent of households experience food insecurity each year. 30 Governor Cuomo will launch a five-point plan to eliminate barriers to school food and ensure no student goes hungry:

Initiatives include:

- Ban lunch shaming
- Expand breakfast “after the bell”
- Expand the Farm to School Program
- Increase the Use of Farm-Fresh, Locally Grown Foods at School

Details can be found beginning on page 112 [of the book](#).

NAMI-NYS Response: NAMI-NYS strongly advocates in early intervention in treating psychiatric disorders. **Having mental health services available in schools is in an important initiative, especially in underserved areas with limited psychiatric services.** This is an element of the New York City Thrive initiative which has proven to be successful and we are encouraged to see this spread.

We are including the food initiatives as **social-economic factors such as insufficient food can be a cause of trauma.** This was discussed in detail in an episode of Mental Health Now which discusses mental health in children. [Click here](#) to watch the episode of Mental Health Now discussing children’s mental health.

 **NAMI** New York State
National Alliance on Mental Illness

2018 Legislative Advocacy Day
Take Action! Make Your Voice Heard!
Create a More Mentally Healthy New York State!!!



Wednesday, March 7th 9am-3pm
Meeting Room 5, Empire State Plaza Concourse

[Click here](#) to register for the 2018 NAMI-NYS Advocacy Day and make your voice heard.