



Analysis of Fiscal Year 2019 Executive Budget Proposal

Governor Andrew Cuomo released his Executive Budget proposal on January 16th. Leading up to the budget, NAMI-NYS expected to see deep cuts due to a \$4 billion budget deficit and changes in health care and taxes being initiated by the federal government. However, upon examining the budget there are actually several positive inclusions. The Office of Mental Health's budget has increased slightly above the Governor's self-imposed agency cap. We are also encouraged to see investments in Assertive Community Treatment (ACT) Teams and Crisis Respite Centers. Of course not all is positive. The investments proposed for community-based mental health housing do not come close to addressing the needs of the system which is NAMI-NYS advocacy priority. We are also concerned by the elimination of prescriber prevails for psychiatric medications.

We will be calling on the legislature to address the budget shortfalls and [pass legislation](#) which together would help create a more mentally healthy New York State. We need your help in delivering the message of the NAMI-NYS [2018 Advocacy Agenda](#) to our legislators.

[Click here](#) to register for our 2018 Legislative Advocacy Day, taking place Wednesday, March 7th.

You can [click here](#) to view the Briefing Book on Mental Hygiene. Below, all the italicized text comes directly from the Briefing Book.

OMH Budget:

OMH will be receiving an additional \$96 million in funding this fiscal year (FY) which represents a 3.4% increase. This is positive as it slightly exceeds the 2% cap the governor wants across all agencies. However, it is interesting to note that OASAS will be getting a 4.5% increase and OPWDD will be getting a 3.7% increase.

Housing:

Enhance Support for Existing Residential Programs. The Budget provides an additional \$10million for existing supported housing and single residence occupancy programs. This investment will help preserve access and maintain current housing capacity as the State brings new housing units online through the Empire State Supported Housing Initiative. Since FY 2015, funding to enhance support for these existing housing programs has increased by over \$40 million annually.

200 Supported Housing Community Beds: *New investments in FY 2019, offset by equivalent spending efficiencies in inpatient and other services, include 200 additional supported housing community beds*

NAMI-NYS Response:

Housing is essential to recovery and is NAMI-NYS's top legislative priority. \$10M is a small investment that fails to address the multiple housing needs for people with serious mental illness and the struggles that community based mental health housing providers are facing. NAMI-NYS actively participates in the Bring it Home-Better Funding for Better Care coalition.

As the coalition statement says: "In his State of the State address earlier this month, Governor Cuomo made a commitment to protect New Yorkers with mental illnesses, declaring that our collective "obligation as a caring people – a compassionate society – to reach out, to provide whatever social services or address whatever needs the individual presents. It is our job." Unfortunately, the poetry of the governor's annual address does not match the prose of this week's budget proposal."

[Click here](#) to read NAMI-NYS's Action Agenda sheet on housing.

Community Investments:

Expand Community-Based Services: *The Budget supports the expansion of community-based programs serving individuals in less restrictive settings that are closer to family and other natural supports by efficiencies in operating inpatient programs. New investments in FY 2019, offset by equivalent spending efficiencies in inpatient and other services, include 200 additional supported housing community beds and other community-based services in areas where 100 unnecessary, vacant inpatient beds are closed.*

NAMI-NYS Response:

It would appear using the agreed upon \$110k reinvestment per bed reduction formula, that the Governor aims to invest another \$11m in community services. Our colleagues at MHANYS point out that "the Article 7 language does not specifically link the bed closures to an exact dollar amount. We are advocating that this loophole end during budget negotiation and that there is specific reference to a value of \$110,000 a bed for each bed that is reinvested." NAMI-NYS certainly shares this concern.

NAMI-NYS is encouraged to see the Governor propose investments in the types of community resources we believe will best address the myriad of needs of as many New Yorkers with psychiatric disorders as possible, including those with "serious mental illness." These investments include:

- **Crisis Respite Centers:** *The Budget authorizes \$50 million in new local capital spending to enable the expansion of crisis respite capacity in the community to avoid unnecessary emergency room visits and inpatient hospitalizations.*

- **Expand Assertive Community Treatment (ACT) Teams:** *Twenty new ACT Teams were recently established and will be fully operationalized in FY 2019 to serve an estimated 1,280 new clients. Ten teams in New York City are assigned to work specifically with homeless individuals and homeless shelters, and the remainder throughout the State work with high-need individuals. ACT is an evidence-based program that provides 24/7 treatment and support improving client outcomes, reducing psychiatric hospitalization rates and emergency room visits, and promoting higher levels of housing stability.*

NAMI-NYS has long advocated for the need for both respite centers and ACT Teams. We are interested to ascertain where the ten non-New York City teams will be located. Underserved areas in upstate would benefit greatly from the introduction of ACT Teams. We also want to see investments in coordinated specialty care early-intervention programs such as the New York State Office of Mental Health's OnTrackNY.

The budget proposal also includes **Support High-Need Individuals:** *The Budget provides \$5 million for specialized supports, such as peer support and in-reach, to engage individuals with mental illness who require a higher level of care to transition and live successfully in the community. These resources will be utilized for individuals currently residing in impacted adult homes.*

NAMI-NYS believes this to be a positive investment.

[Click here](#) to read the NAMI-NYS Action Agenda sheet on Community Reinvestments

Criminal Justice

Crisis Intervention Training

Page 713 of the Aid to Localities Bill reappropriates \$1m for services and expenses related to the expansion of crisis intervention services and diversion programs, including a) training, implementation and evaluation of police crisis intervention teams, b) regional Mental Health First Aid Training for police, c) conducting an analysis, including an evaluation of local diversion centers, to determine any programmatic changes necessary to facilitate the planning and implementation of alternative diversion programs that would provide support for crisis intervention teams and police related diversion services (36936).

NAMI-NYS Response:

The 2017 final budget agreement contained \$1.5m in CIT funding; we urge the legislature to help meet this same funding level.

Establish Jail-Based Restoration Programs for Certain Defendants: *Currently, defendants who are deemed incompetent to stand trial are treated at an OMH inpatient psychiatric hospital until they are restored to competency and returned to jail to await trial. This cycle often repeats*

itself with multiple inpatient stays at a psychiatric hospital, extending the time individuals are detained prior to trial. OMH will work with counties on a voluntary basis to develop specialized residential treatment units within their jails, ultimately reducing the time individuals with mental illness spend in jail awaiting justice. The Executive Budget invests \$850,000 to assist county jails in making any necessary infrastructure improvements to provide these separate treatment units. This program has been identified as a best practice by the National Judicial College, and has been implemented successfully in nine other states including California, Virginia, and Wisconsin.

NAMI-NYS Response:

The Governor has tried to introduce this proposal in the past and it has been met with opposition by both advocates and county mental health departments. Though the idea is sound in concept, one of NAMI-NYS's concerns are jails are not nearly equipped to provide proper care and \$850k is not be enough to make the changes necessary, especially when factoring in the need to include staff trained to handle those with serious mental illness.

[Click here](#) to read NAMI-NYS's Action Agenda sheet on Improving the Interface Between the Criminal Justice System and People with Mental Illness.

Access to Proper Medication and Services

Prescriber Prevails: The Governor proposes eliminating of prescriber prevails from all medication including psychiatric medication.

NAMI-NYS Response:

NAMI-NYS firmly believes in a person centered approach to treating psychiatric disorders. An integral element to person centered care is someone living with a mental illness receiving the medication their psychiatric provider determines to be most appropriate for their individual recovery. This is why we strongly support prescriber prevails. We find the elimination prescriber prevails language disturbing and we will advocate for reinstatement in the final budget.

Workforce: The Budget includes funding of \$262 million to support the 6.5 percent salary increase provided to OPWDD, OMH and OASAS funded direct care professionals (3.25 percent in January 1, 2018 and 3.25 percent in April 1, 2018).

NAMI-NYS Response: NAMI-NYS understands that proper mental health services are impossible to deliver without having the best direct care workers possible. NAMI-NYS was active in advocating for these salary increases during last year's session and are encouraged to see this commitment being honored in the budget.

These are the people we depend on to ensure the health and safety of our loved ones. We need experienced and trained staff to provide the consistency necessary for a stable home environment. Dependable delivery of care is a critical element in the recovery of people living with a mental illness and is vital to the success of the transformation to community-based services that the Office of Mental Health is establishing.

[Click here](#) to read NAMI-NYS's Action Agenda sheet on Access to Appropriate Medication and Services

Kendra's Law-Assisted Outpatient Treatment

As detailed on page 706 of the Aid to Localities Bill:

For services and expenses related to adult mental health services, including assisted outpatient treatment pursuant to article 9 and other provisions of the mental hygiene 5 law (36939)
..... \$7,580,000

NAMI-NYS Response:

NAMI-NYS is glad to see that funding for this provision which includes Kendra's Law, New York State's Assisted Outpatient Treatment program, remained at the same level as it did in last year's budget.

Kendra's Law has proved successful in ensuring that people with the most serious and persistent forms of mental illness get the first access to services in order to reduce hospitalizations, incarceration, homelessness and suicide.