



# New York State

## Analysis of 2018 Executive Budget Proposal

### **OMH Budget:**

OMH will be receiving an additional \$69.4M in funding this fiscal year (FY) which represents a 2.1% increase. This is aligned with the 2% cap the governor wants across all agencies. However, it is interesting to note that OASAS will be getting a 2.8% increase and OPWDD will be getting a 3.3% increase.

### **Kendra's Law-Assisted Outpatient Treatment**

As detailed on page 897 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.

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

### **Housing:**

**Provide \$10 Million to Enhance Support for Existing Residential Programs.** The Budget increases funds for supported housing and single residence occupancy programs. This investment will help preserve access and maintain existing housing capacity as the State brings new housing units online through the Empire State Supported Housing Initiative.

### **NAMI-NYS Response:**

Housing is essential to recovery and \$10M is a small investment that fails to address the multiple housing needs for people with serious mental illness. Our housing advocacy coalition consisting of ACLNYS, MHANYS and NYAPRS is calling for \$38M annually for the next three years (\$115 total for the three years).

**Fund 280 Additional Supported Housing Community Beds.** OMH will reconfigure 140 state operated residential beds, which are less integrated and more costly to operate, and replace them with funds to develop 280 community-based, scattered site supported housing units in the same geographic area. These new units, when provided in tandem with access to other existing community services, will ensure the continued support and care of all individuals transitioning into less restrictive settings while keeping them close to their families.

The Executive proposal would eliminate 140 State-operated residential beds, reflecting \$5.25 million in savings, and reinvest \$2.3 million to establish 280 scattered-site supportive housing beds. In addition, the Executive would provide \$10 million to support an increase in rental subsidies for OMH supported housing programs.

#### **NAMI-NYS Response:**

While this appears to be positive, NAMI-NYS would want to see more of the savings reinvested in housing and more research on this reconfiguration needs to be conducted.

Key questions:

- 1-How is the state reconfiguring the beds?
- 2-How did they come to the \$2.3m investment from \$5.25m in savings?

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

#### **Community Investments:**

**Invest \$11 Million in Additional Community Services.** This additional annual investment will be used to expand community services based on regional needs **reflecting stakeholder input**, and is expected to **reduce** the need for more costly inpatient beds in FY 2018. Once fully implemented, this additional commitment will bring the total new investments since FY 2015 to \$92 million annually.

#### **NAMI-NYS Response:**

It would appear using the agreed upon \$110k reinvestment per bed reduction formula, that the Governor aims to reduce another 100 beds. This is very concerning to NAMI-NYS, especially when coupled with the fact that the budget's housing investments are almost a quarter of what we think is needed. Reducing beds without the proper housing and community supports in place can have disastrous results.

We also highlighted “reflecting stakeholder input” as it will be vital that our NAMI affiliates voice their concerns on the local level and attend forums held by OMH Regional Field Offices and local mental hygiene directors to make sure our perspective is heard and that the investments made are appropriate in addressing the needs of those with serious mental illness and NAMI-NYS members.

**Transform OMH State-Operated Outpatient Clinics.** The Executive proposal includes a reduction of \$3.97 million related to an evaluation of all State-operated clinics. OMH will review clinic treatment services at all 85 State-operated facilities to reduce any overlap of services and ensure that clinics are operating at optimal patient capacity to address community need. This will allow each facility to redesign its clinic system and maximize its impact on the community it serves. Reductions will be targeted to low-performing facilities, which will enable remaining resources to be directed to clinics with higher productivity and capacity.

#### **NAMI-NYS Response:**

This sounds good as we want the clinics operating efficiently and at maximum capacity. However, NAMI-NYS should always be concerned when reductions are mentioned. For instance clinics in low populated areas may not be deemed necessary since they are not utilized as much as those in larger areas, but for the people in that area the clinics may be their only mental health resources and are of vital importance. The reduction of any community clinic is worrisome.

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

#### **Criminal Justice**

##### **CIT**

Page 913 of the Aid to Localities bill calls for \$500k for Crisis Intervention Teams.

#### **NAMI-NYS Response:**

This is a small investment, but is aligned with what the executive budget has called for in the last few years. The legislature has increased the funding in the last few budget cycles; NAMI-NYS will call on them to do so once again. More funding is needed for this vital program which helps create the most positive outcomes when police and first responders interact with people with mental illness and their families.

**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 more than one visit to the inpatient 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. 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:**

This is desperately needed and actually a very progressive way of addressing a major problem. However, \$850k may not be enough to make the changes necessary, especially when factoring in the need to include staff trained to handle those with SMI.

### **Raise the Age**

Raise the Age of Juvenile Jurisdiction: The Executive Budget would raise the age of juvenile jurisdiction to 17 in 2019 and to 18 in 2020, and would provide services for 16 and 17 year olds who are involved in the juvenile justice system. Under the Executive proposal, newly sentenced youth would be placed in Office of Children and Family Services (OCFS) facilities. The Executive provides \$110 million for additional OCFS facility capacity.

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

### **Supporting Veterans Mental Health**

NAMI-NYS was disappointed that the budget proposal omits funding for veterans' mental health initiatives.

[Click here](#) to read NAMI-NYS Action Agenda sheet of veterans' mental health.

### **Continuity of Care and Workforce Issues**

The Executive Budget invests \$17 million to support the direct cost of FY 2018 minimum wage increases for direct care, direct support, and other workers at not-for-profits that provide services on behalf of OPWDD, OMH, and OASAS.

The COLA for the mental health workforce was deferred to the 2018-19 Budget

\$255M investment to support the minimum wage increases for health care workers that provide services reimbursed by Medicaid on behalf of the Department of Health. The breakdown is Home Care-\$242.7M Nursing Homes-\$4.6M, Inpatient-\$0.2M, Outpatient-\$ 4M and Transportation-\$4M.

### **NAMI-NYS Response:**

This is an important issue for individuals and families whose loved ones receive care from mental health professionals. NAMI-NYS recognizes that in order to provide adequate services, providers must be able to recruit and retain qualified staff. This is not possible when staff is not properly compensated. The work these staff do is challenging and requires a high degree of training, experience and education that is crucial to the success of the people they serve. Because of the low rate of pay and lack of cost of living increases, programs are not able to retain these qualified staff members. It is imperative that we provide staff with a living wage that keeps up with the increases in the cost of living so that our family members have well trained and qualified people to provide their support and services.

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.

The investments contained in the budget proposal are meager and fall short of what is needed to hire and retain the most qualified people to care for those living with a mental illness. Continuity of care is a vital part of recovery and the suggested funding in the budget poses serious challenges to this crucial continuity.