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CONTINUE TO IMPROVE MENTAL HEALTH SERVICES

By

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Between now and mid-January Governor Pataki will be developing his budget request for 2001-02. It is important that he use it to continue the process he set in motion last year when he took a major step to improve mental health services in New York State by increasing the budget for mental health by over \$200 million. Unfortunately, one shot is not enough. It will take a multi-year commitment to get New York State's mental health system into good shape.

Last year's budget request was driven by a sound sense of the major priorities--to provide housing for adults with psychiatric disabilities, to reach out to and engage people with severe and recurrent mental illnesses who tend to reject traditional services, and to begin, at last, a significant expansion and restructuring of mental health services for children and adolescents. Further growth is needed in all these areas, and the Governor should ask for the funds to move ahead.

Some people within the administration have been arguing that there's no point adding more funds for 2001-02 because the funds for 2000-01 will not get new programs up until the coming year. This is a specious argument. There's always a lag between appropriating funds and starting new programs. No funds for 2001-02 will mean no new programs in 2002-03. New funds must be appropriated every year to keep much needed growth going.

In addition there are other critical priorities to be addressed in 2001-02.

First, low wages for community mental health workers have made it more and more difficult to recruit and retain competent staff. McDonald's starts its people at higher pay than counselors in community residences. Quality of care in NYS is seriously jeopardized and should be permanently addressed by building in an automatic increase for inflation after a significant bump up this year to raise salaries to competitive levels.

Second, people with psychiatric disabilities want to work; and, with support, most can work. But, if they do work they may well lose the medical coverage that pays for the treatment that makes it possible for them to work--a terrible Catch-22. The Federal government now permits states to continue people with disabilities on Medicaid at rates keyed to their ability to pay. The Assembly passed The Work and Wellness Act to make this "Medicaid buy-in" possible in NYS, but the Senate and the Governor rejected the bill because funds had not been budgeted for it. Although many of us believe there will be no additional costs and in fact will generate increased tax revenues, the Governor should put whatever his analysts think is needed into the budget. He should also add funds for job support to help people with psychiatric disabilities get and keep jobs.

Third, in recent years it has become clearer and clearer that people with psychiatric disabilities are disproportionately in jails and prisons, not because they are more likely to commit crimes but because of failures of both the criminal justice and mental health systems. It is time for New York State to develop a comprehensive approach, including better crisis intervention, increased jail diversion, better mental health services in jails and prisons, appropriate planning for release, and accessible community treatment and support services at the time of release.

Fourth, New York State relies heavily on families to provide care for their adult family members with psychiatric disabilities, 30-40% of whom live with their aging parents. Families need, and deserve, support; and the state needs a plan regarding how care and housing will be provided when parents die. The predictable crisis should be confronted with an investment in family support and future care planning.

Fifth, until last year the primary source of additional funding for community mental health has been the Reinvestment Act, which requires the state to commit a portion of the savings from state hospital reductions to the development of new community based mental health services. Even though there will be fewer cuts in State hospitals in coming years and therefore fewer dollars to reinvest, the Reinvestment Act should be permanently renewed. In addition proceeds from the sale of lands freed up by closing state facilities should be dedicated to housing people with psychiatric disabilities.

Hopefully the Governor will recognize again, as he did last year, that the mental health system in New York State needs improvement and that it can only come through an ongoing process of creating the kind of model for the nation for which our state was historically known.

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