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## **GOVERNOR'S BUDGET STILL LEAVES SOME MENTAL HEALTH NEEDS UNMET**

by

Michael B. Friedman

In a dramatic turnaround, Governor Pataki has requested \$200 million of new funding for a major community mental health initiative for both adults with serious mental illnesses and for children and adolescents with serious emotional disturbance. While his budget request deserves Legislative support, it still leaves critical needs unmet.

Four broad areas of concern need to be addressed more adequately.

(1) **A multi-year commitment to expand non-traditional services for "high needs populations"**: The investigations of several high profile incidents last year revealed what mental health advocates have known for a long time. There are not enough mental health services in the community for people who are now being called the "high needs population." These are people with severe, recurrent mental illnesses who tend to reject or not cooperate with traditional mental health services.

This population and kids with serious emotional disturbances are the primary targets of the Governor's Budget Request. And his proposals for stable housing, outreach, case management, "assertive community treatment," and the use of peers as service providers are on target, as are his proposals for enhanced, non-traditional community services for children and adolescents.

Unfortunately the Governor has made no commitment beyond the coming year, and a one-time infusion of funds is simply not going to turn things around. The Governor needs to make a multi-year commitment, issue a multi-year plan, and permanently extend Reinvestment.

(2) **Quality of care**: The investigations of last year's high profile cases revealed not only that there are not enough appropriate services but that services sometimes are not of high quality. Shoddy discharge planning, failure to use the best medications, lack of engagement and follow up are just a few of the concerns about the quality of care that should be high on the State's agenda.

Of course, there are a great many committed and competent people working in the mental health system. But there are also people who have not been trained in state-of-the-art treatment and rehabilitation technology. And there are good professionals who are trapped in service structures that militate against providing care as well as they know it ought to be.

The State should make the development of a high quality mental health workforce a major priority. In addition to ongoing training in state-of-the-art technologies, this means paying the people who provide mental health services a living wage and assuring that they work in tolerable

environments with the administrative and technological supports they need. To accomplish this, funding for community mental health agencies should be linked to the rate of inflation.

(3) **Work and quality of life:** And let's not forget the people with serious and persistent mental illnesses whose lives have become comparatively stable. Most of them want more from life than to spend their days in treatment and rehabilitation programs. They especially want to work. The Governor's Budget Request calls for opening work opportunities to 400 people not currently in supported employment. A drop in the bucket! A majority of people with mental illnesses can, with support, become self-supporting taxpaying citizens.

(4) **Family support:** One of the consequences of deinstitutionalization has been to transfer responsibility for the care of people with serious mental illnesses from the State to families. The role of families of children and adolescents is recognized in the Governor's Budget Request with a proposal to increase funding for family support for them. But there is no comparable proposal to provide support for the families of adults with psychiatric disabilities. Given the fact that the parents are often primary caregivers and that they are aging, common sense suggests that the State at least help them make adequate plans for the future.

One of the obstacles to moving such a plan is the very old squabble between local governments and the State about who should pay. It is questionable that the Governor's proposals can succeed without the State helping local governments to cover some of the costs created by his very important proposals.

In the meantime, we need to protect what we have. And again this year The Governor's Budget Request jeopardizes Westchester County's mobile crisis team by cutting State staff in local programs. Obviously it makes no sense to destroy a cornerstone of the County's system of care. I would hope the Legislature will not let it happen. I hope, too, the Legislature will confront the critical issues the Governor has not addressed.

(The writer is public policy consultant for The Mental Health Associations of Westchester County and of New York City.)