

Budget Priorities

New York State Budget: 2023-24



ISSUE	IMPACT	SOLUTION
<p>General Government: The state has a 12,500 employee shortage and is unable to attract or retain the talent it needs to operate efficiently and effectively</p>	<p>The state has a worker shortage due to uncompetitive salary structures, the inferior Tier 6 pension plan and poor working conditions. In 2021, New York state relied on employees working 20 million hours of overtime. This overreliance on overtime harms workers in the workplace and at home.</p> <p>The Governor has advanced an ambitious plan to expand the Civil Service department to inform more New Yorkers about public sector career opportunities and to make state civil service exams and onboarding processes accessible to more people. PEF supports these efforts, but more dramatic actions are necessary to address years of underfunding and neglect.</p>	<p>1. Tier 6 Reform: BUDGET REQUEST: \$500 million Support standardizing the mandatory employee contribution at 3% after 10 years of service: Currently, experienced workers pay more with promotions or contract increases.</p> <p>2. Modernize Civil Service Pay Structures: BUDGET REQUEST: Support \$2 million appropriation to modernize the civil service pay structure and develop job evaluation system to align civil service pay grades with current job market. The current salary grade structure needs to be adjusted upward at least two pay grades for every state title.</p> <p>Support Executive Budget Proposals:</p> <ul style="list-style-type: none"> - Indexing Minimum Wage (S.4006/A.3006) Part S - Child Care Expansion (S.4006/A.3006) Part U - Continuous Recruitment Testing (S.4005/A.3006) Part S <p>3. Fund and Utilize OITS Training: BUDGET REQUEST: Restore the \$300,000 reduction to the OITS training budget and ensure that the funding is used every year to help IT professionals advance their careers and provide high level of services to taxpayers.</p>
<p>OPWDD: Reversing COVID-19- related closures and suspensions and building capacity for the future</p>		<p>1. Adopt an Emergency Statewide Staff Attraction and Retention Plan BUDGET REQUEST: \$15 Million Direct OPWDD to establish staff attraction and retention programs and focus hiring at previously closed state-operated residences.</p> <p>2. Establish a Facilities Improvement and Expansion Plan BUDGET REQUEST: \$30 Million Budget resources should be allocated to make the capital improvements identified by OPWDD as being required to maintain services in certain residences that have been forced to close or “suspend services” because of lapsed leases or physical plan issues and to acquire new space for those on the OPWDD residential program waiting lists.</p> <p>Support Executive Budget Proposals:</p> <ul style="list-style-type: none"> - \$11.7 million to support OPWDD Finger Lakes ITO

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<p>OMH Budget: Add \$50 million in state budget to establish state-operated in-patient bed capacity and outpatient services</p>	<p>The Governor has proposed a \$950 million capital plan from community-based mental health providers to expand housing and residential services; to expand private provider services by funding 60 step down units and 12 new comprehensive psychiatric emergency services programs; to fund a wide array of new privately-operated, community based mental health services, including 42 new ACT teams; 8 new “Safe Options” support teams, 42 new health home managers and expanding clinic capacity at 20 sites.</p> <p>PEF is supportive of the Governor’s proposal to spend \$15 million to re-open an additional 150 state-supported inpatient psychiatric beds and \$18 million to expand state-operated inpatient capacity. However, the state must do more.</p> <p>The state’s over-reliance on private providers has shown itself to be an ineffective model for delivering appropriate mental health care and needs to be recalibrated. The proposal to fine facilities that close OMH-funded beds exemplifies this flawed approach (PART JJ). What kind of care can clients expect from providers rendering services under threat of state-imposed sanctions? What kind of outcomes can the state expect when it is trying to compel the provision of quality care from providers that don’t want to render it?</p> <p>The mental health crisis the state is facing requires the activation of more state-operated inpatient or short-term stabilization beds to support those suffering from mental illness and to treat those suffering from co-occurring disorders.</p>	<p>1. Re-Invest in State-Operated Out-Patient Services for the Mentally Ill <i>BUDGET REQUEST: \$10 Million to Establish Assertive Community Treatment (ACT) Teams and Expand Intensive Case Management Staff</i> The state needs to develop additional capacity to address the high-need, high-cost population of New Yorkers that it serves. New York’s state-operated mental health facilities are desperately short of Intensive Case Managers (ICMs) and Forensic ICMs to do follow up contact and intervention services with those suffering from mental illness. The state currently lacks dedicated publicly-operated ACT teams associated with its own mental health facilities to ensure appropriate emergency and follow up care, the collection of data to inform outcomes and to gauge future programming needs.</p> <p>2. Universal On-Site Diagnosis and Treatment at State Facilities <i>BUDGET REQUEST: \$10 Million to Hire, Train and Deploy Appropriate Staff</i> OMH and OASAS facilities currently lack the appropriate number of qualified, licensed staff to provide immediate, onsite evaluation of New Yorkers who present for treatment. For those in crisis, this process delays care and short-term stabilization or inpatient support, if needed. Developing this capacity will enable an expedited diagnosis of mental health, addiction or co-occurring disorders; facilitate the identification and implementation of immediate and universally available treatment plans and/or appropriate referrals; and allow for a coordination of care between public and private providers of services predicated on the needs of the client.</p> <p>3. Expand Capacity to Stabilize the Mentally Ill and Establish Meaningful Regional Programming for Co-Occurring Disorders <i>BUDGET REQUEST: \$30 Million to re-open closed beds in facilities across the state to provide stabilization and treatment to this population</i> The Governor is proposing to spending new capital money for private operators, while publicly-operated beds sit idle. Too many New Yorkers, especially youth, are being forced to seek treatment out-of-state, removing them from their family support systems. These resources will address the current need for stabilization services, keep families in closer proximity, support coordinated care between provider agencies (OMH, OPWDD and OASAS) and help gain new insights into the successful identification and treatment of these disorders.</p>



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<p><u>Public Protection:</u> Repair “Less is More,” “HALT” and provide real re-entry services and support for the formerly incarcerated</p>	<p>The Governor has advanced \$168 million in funding for privately- and publicly operated programs for the incarcerated and formerly incarcerated. While this is an important first step in addressing the safe and successful re-entry of formerly incarcerated individuals, it fails to take into account the need for services in many communities across the state.</p> <p>PEF is pleased to see \$45.7 million in investments to implement HALT are included in the Executive Budget proposal.</p> <p>PEF supports the de-incarceration of the state’s prison population whenever and wherever appropriate. PEF supports the limitations around solitary confinement for incarcerated individuals, as well as earned time credits and expedited proceedings for individuals on parole.</p> <p>However, these statutes ignore the fact that the state has an obligation to (1) ensure all incarcerated individuals and staff are safe within every state facility and (2) individuals convicted of serious, violent felony offenses who have not completed their sentences need appropriate oversight and need to adhere to their court-ordered parole plan.</p> <p>The state is doing a disservice to parolees, as well as the community, by not compelling adherence to court-ordered mental health or addiction treatment plans or otherwise allowing previously convicted, violent felony offenders to ignore the agreed upon terms and conditions of parole.</p>	<p>1. <u>Repair “Less is More”</u> <i>POLICY REQUEST:</i> Improvements to the parole revocation process are needed to ensure that individuals who have committed serious, violent felony offenses and have been offered the opportunity to complete their sentences on parole adhere to their court ordered parole plan. <u>Establish and Fund State-Operated Re-Entry Services</u> <i>POLICY REQUEST:</i> If we want to successfully transition away from incarceration, then the parole process must be fortified with state-operated mental health, addiction, job training and other services AND more staff to monitor and ensure a successful re-entry for the formerly incarcerated in every area of the state. The Governor’s proposal, while a step in the right direction, requires expansion. PEF supports an integrated approach to reentry plans that requires the parole board to develop a menu of state-operated OMH, OASAS, DOL and other services available to formerly incarcerated individuals in their community. Coordinating these services will provide data on treatment/service outcomes and/or the tracking necessary to inform future policy.</p> <p>2. <u>Expand “HALT” to Safeguard Other Incarcerated Individuals and Staff</u> <i>POLICY REQUEST:</i> The purpose of HALT is to ensure the humane and safe treatment of all incarcerated individuals. The state has failed to achieve the staffing or fund the services needed to safely and successfully implement HALT. Right now, many seek placement in special housing units (SHU) for their own safety. The state needs to expand its existing correctional and support staff and identify adequate space to expand the Residential Rehabilitation Units (RRUs) to provide the individualized treatment needed for those individuals who persistently commit acts of violence against other incarcerated individuals or staff.</p>
<p><u>Support New York’s SUNY Hospitals and The Roswell Park Cancer Institute:</u></p>	<p>PEF appreciates the \$72 million dedicated to support SUNY’s state-run teaching hospitals.</p> <p>These SUNY hospitals serve more than 1.3 million patients each year and provide accessible, life-saving care to the most diverse and underserved populations in the state.</p> <p>The Roswell Park Cancer Institute is the premier cancer treatment facility in Western New York. Last year, the Institute served 46,000 patients. Roswell Park helps set international standards in cancer care through its role as a founding member of the National Comprehensive Cancer Network.</p>	<p><u>Support SUNY Hospitals and Additional Funding for Roswell Park Cancer Institute:</u> PEF supports the restoration of the \$175 million subsidy formerly provided to support the SUNY hospitals, as well as state offsets to the hospitals’ debt service.</p> <p>PEF also supports \$6 million in restorations to state support for Roswell Park Cancer Institute and additional resources to maintain its continued operational viability.</p> <p>The SUNY hospitals need additional support to remain viable and to ensure the continued flow of new doctors and nurses into the state’s health care industry.</p>



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<p><u>Protect Licensed Professionals and Quality Services:</u></p>	<p>The Governor has been a tremendous advocate for nurses and other health care professionals.</p> <p>However, the Governor has proposed to transfer oversight for state licensed professionals from the State Education Department (SED) to the Department of Health(DOH), as well as to authorize the state to enter into the Interstate Nurse Licensure Compact.</p> <p>PEF has concerns about the potential for negative consequences on licensure requirements is such oversight is transferred directly to an Executive Agency.</p> <p>PEF has concerns about potential negative impact on nursing quality standards if the state enters into the interstate nursing compact with states that have less rigorous standards than New York. This could precipitate an increase in nurse displacements from New York and leave New York with less qualified nurses who are credentialed from a state with lower requirements.</p>	<p><u>Reject Executive Proposals On Licensure</u></p> <p>Oppose Executive Budget Proposals:</p> <ul style="list-style-type: none"> - Transfer Oversight of Licensed Professionals from SED to DOH (S.4007/A.3007) Part CC - Allow New York to participate in the Interstate Nurse Licensure Compact (S.4007/A.3007) Part W - Watering-down of services by establishing a new “Qualified Mental Health Associate” title (S.4007/A.3007) Part GG
<p><u>Retirees:</u> Skilled nursing care</p>	<p>Some New York state retirees lose health care benefits when they are required to enroll in Medicare.</p> <p>In some instances, Medicare coverage represents a reduction in the number of days nursing care is provided and also requires prior hospitalization for the benefit. State retirees who are allowed more days of skilled nursing and no prior hospitalization under the state’s insurance plan.</p>	<p><u>Close the Skilled Nursing Care Gap for State Retirees</u></p> <p>POLICY REQUEST: Pass legislation (S.4465/A.3896) that would allow for the state’s insurance to continue as secondary insurance in order to provide the same level of treatment for skilled nursing care for state retirees and dependents who are now covered by Medicare.</p>

