

# POINT OF VIEW

## Restructuring OMH Sex Offender Management Program Can Save State Dollars

In the release of New York State's 2009-10 Executive Budget on December 16, 2008, the Office of Mental Health (OMH) announced that it will be reducing a proposed increase in funding to the Sex Offender Management and Treatment Act (SOMTA) program. SOMTA is New York State's civil confinement program to house recidivist sex offenders after they have completed their prison sentences or parole terms. It admits the most dangerous sex offenders to an inpatient hospital ward in a State psychiatric facility, or in some cases, offenders live in the community under Strict and Intensive Supervision and Treatment (SIST). In the case of the inpatient model, there is limited evidence of clinical success for a hospital-based, service intensive program, and it is not cost-effective for New York tax payers—most especially in a fiscally impoverished environment. Not incidentally, having sex offenders in State hospitals increases the stigma for people who live with mental illness.

With the State's budget deficit growing and considerable budget cuts being proposed, Governor Paterson was asking State agencies to look for areas in which they could make efficiencies without impairing their core missions. The Coalition of Behavioral Health Agencies and other mental health advocates are calling for systemic restructuring of the sex offender program. According to The Coalition's analysis, in fiscal year 2008-09, the Office of Mental Health spends about \$38 million to run the sex offender program. Currently, 172 people are treated as inpatients in OMH beds, costing over \$600 a day per inmate or \$225,000 per year. This is a very costly program, especially where evidence of a psychiatric cure is not clear.

While there is not substantiated proof that psychiatric treatment can cure recidivist sex offenders, in New York State the demand for the building of new facilities to confine sexual predators continues. Since its implementation, OMH now faces a rising number of sex offenders entering the mental health system (currently about 11 new people per month). When OMH's sex offender program was initiated, mental health stakeholders were assured that this program would not place a financial drain on the mental health system. Now the sys-

tem is experiencing an increasing demand for civil confinement, while community-based mental health programs that serve New York's most vulnerable citizens are struggling to make ends meet.

Sex offender confinement in the OMH system will not only require new construction, but increased staffing costs as well. Currently, sex offenders are housed in two facilities. One is located at Central New York Psychiatric Center in Marcy, New York, which has a 125 bed capacity; and the other is situated at St. Lawrence Psychiatric Center near Ogdensburg, New York, which has an 80 bed capacity. A third facility is scheduled to be built adjacent to Central New York, which will also have a capacity of 150 beds. This would amount to a total operating capacity of 355 beds

statewide. Without program restructuring, or greater utilization of Strict and Intensive Supervision and Treatment (SIST), the demand for building new facilities is likely to continue.

The Division of Parole closely supervises those offenders on SIST, ensuring that they obey the terms of parole and receive proper outpatient treatment and supports. If an offender violates any of these conditions, he or she may be placed in custody. When the SOMTA program was conceived, it was estimated that 2/3 of the offenders deemed to require post-incarceration supervision would be placed under SIST. In practice, only 40 offenders (roughly 23%) are in the SIST program, largely due to the preferences of mental health clinicians and criminal justice officials for inpatient hospital stay and the willingness of sex offenders to consent. Furthermore, only 12 of the 172 offenders in inpatient care have actually gone through the full process of a jury trial, the remainder are pre-trial or voluntary placements. To date, none of the offenders in civil confinement have been released. At some point, appropriate inpatients will need to progress to heavily supervised outpatient or SIST models if we are to alter the expensive path that New York State is on.

Although OMH proposes saving \$14.3 million in SOMTA funding in the State's

2009-10 Executive Budget, SOMTA is projected to grow by \$23 million dollars in fiscal year 2009-10, meaning a \$9 million net increase. One way in which OMH plans to meet its \$14.3 million savings target is by reducing staffing levels to be in line with current standards used in civil confinement programs in other states. OMH currently uses a 2:1 staffing ratio. By switching to a 1.5:1 ratio, costs per bed would decline to \$175,000 per year, a 22% reduction. Currently 19 other states have some sort of civil confinement law. According to the Washington State Institute for Public Policy, in 2006, Pennsylvania estimated its annual cost to be \$150,000 per bed, while New Jersey spent \$67,000 per sex offender placement as compared to New York's \$225,000. Texas operates an outpatient model, which costs \$17,391 per offender each year. New York should look at the Texas model.

In addition, OMH proposes to realize budgetary savings by having sex offenders remain in the custody of the Department of Corrections during pendency of court proceedings. Previously this cohort was being transferred to OMH facilities prior to adjudication. The Coalition advocates for this change in policy as it is placing an extra burden on the mental health system. OMH will also encourage the use of video teleconferencing of certain judicial proceedings to reduce transportation and staffing costs. If these measures are implemented, OMH projects that the costs of 217 fulltime equivalent positions (FTE) will be saved. That money could be reinvested in needed community services for behavioral health consumers. Perhaps some of these proposals can be used as a way of saving state dollars in other areas of the criminal justice system or State programs.

Treatment, in this case, is about changing a person's deviant behavior. Right now, the evidence is not there to support a cure by civil confinement in OMH psychiatric facilities. If it were, a better case could be made for investing more money into intensive inpatient psychiatric services for sex offenders. In the current economic environment (and post reinvestment world) it seems inefficient and fiscally irresponsible to continue with the system as is. Sex offenders can and should receive treatment in a setting that provides security, but less costly than professional staffing and the huge other expenses in State hospitals. New York State can look into the possibility of confining offenders to a group residence on the outskirts of a prison or other secure location, utilizing ankle bracelets and GPS monitoring capabilities. Offenders can be committed to such an environment with limited community access for outpatient treatment in a closely supervised

**"There is limited evidence of clinical success for a hospital based, service intensive program."**



Phillip Saperia



Jason Lippman

program like the SIST model. Through programmatic adjustments, further cost savings can be achieved and redirected into community-based mental health services.

*Phillip A. Saperia is Executive Director at The Coalition of Behavioral Health Agencies.*

*Jason Lippman is Senior Associate for Policy and Advocacy at The Coalition of Behavioral Health Agencies.*



TRISTATE APARTMENT FURNISHERS

**THE SOURCE FOR ALL YOUR NEEDS IN FURNITURE AND ACCESSORIES**

**WE SUPPLY FURNITURE TO: SRO'S, SCATTER SITES, HOMELESS SHELTERS**

**HFPA 260 COMPLIANT**

**HASSLE FREE 24 HOUR DELIVERY (ON IN STOCK ITEMS)**

**CALL US:**

**(718)-665-3700**

**VISIT OUR WEBSITE AT**

**WWW.APARTMENTFURNISHERS.COM**

**INFO@APARTMENTFURNISHERS.COM**

**WIN PRIZES CAMERAS, TICKETS, CELLPHONES, IPODS, BOOKS EVERY WEEK!**

**www.nynp.biz**