

The Coalition  
2008-2009 Budget Comparison  
July 31, 2008

Each year, The Coalition puts forth a budget recommendation for the improvement of services and supports to persons with developmental disabilities, the disease of addiction and mental illness to the members of the North Carolina General Assembly. For 2008, The Coalition's budget focused on critical needs in housing, workforce development, crisis services, returning veterans, access to services and supports for people not eligible for Medicaid, CAP waivers, early intervention, and a continuum of care to ensure recovery from addiction. In total The Coalition recommended 174 million in recurring and 5.5 million in non-recurring funds.

The budget adjustments recently passed by the General Assembly and signed by the Governor include several of the items recommended by The Coalition: increases to The Housing Trust Fund to support the development of housing for the disabled, some support to keep rents affordable to persons on SSI, funds for HUD projects and group homes and funding for core crisis services including the START model for developmental disabilities. Several recommendations for developmental disabilities were funded: new Tier 1 CAP waiver slots, early intervention for autism, as well as some additional funds for traumatic brain injury services and respite care.

Other budget increases enacted by the general Assembly emphasized staffing and beds at state psychiatric hospitals: there are funds for a 60 bed unit in Wake County at the Dix site, increased staffing across the three hospitals, and funds for the recruitment and retention of staff. A pharmacy will be added to the Keith ADATC and other funds will be used for "clinical and operational enhancements" at other state institutions. The only funds for substance abuse services were "realigned:" 8 million was moved from one category of services to be used for additional regional/local services – no new money was added.

**The new budget cuts 4.3 million from Division of MH/DD/SAS administration, around 81 is cut from million from Community Support Services and Medicaid provider inflationary increases are cut by 35 million.** The Coalition has long recommended that good management and access to an array of services and supports is critical for our MH/DD/SAS system. State run services have built in inflationary increases. In the new system with private providers delivering services and supports, a lack of inflationary increases limits the number of providers and can lead to a loss of access. Support for institutions and Medicaid populations is a good first step, but we need to ensure that people are getting the kinds of supports and services that keeps them out of out of crisis, out of institutions, and in their communities.

Please see the accompanying spreadsheet for a comparison of The Coalition and Legislative Oversight Committee budget recommendations and the final budget figures.