# NAMI-Schenectady E-NEWS

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Nat'l Alliance on Mental Illness of Schenectady

*North Country citizens turn out in May to hear OMH commissioner's plan to close state hospital in Ogdensburg*

## *The bomb drops; 9 state hospitals to shut doors*

This is a whopper—the state commissioner of mental health has come up with a monster plan to close nine of the state's 24 state psychiatric hospitals and consolidate others over the next four years. Taking on a white elephant like the state hospital system—an industry of immense proportion by itself—is an admirable step. How they're doing it is another matter. Here's our reaction.

First, it's overdue. NAMI advocates called for closings every year back to the 1980s. The hospitals are a huge white elephant for the state, for a long time gobbling up about half of NYS's own and federal spending for mental health care in this state every year. NY's state hospitals which once had some 90,000 patients, have less than 4,000 today. Those for adults consist of a few hundred custodial patients scattered about with a large number of others court-ordered because they are dangerous or they are sex offenders. Other patients with chronic illness are treated as acute care patients much the same as in the psychiatric units of community hospitals. When they are returned home after a stay of a few days or weeks, they will often need continuing care in their own communities.

Office of Mental Health Commissioner Kristin Woodlock's big reconfiguration scheme doesn't start till next year when she can legally close the hospitals without a vote of the legislature. She still has to overcome a whale of opposition from workers, their families and unions affected by the changes, besides their legislators and other critics. The plan would still leave open 15 hospitals—now called regional centers of excellence—and make community service hubs out of several other places where facilities are being closed. But it closes 56 wards altogether and opens 26 for a net loss of 30 wards.

And its uneven—hospitals will close in Ogdensburg, Elmira and Binghamton, leaving wide swaths of the North Country and Southern Tier with only outpatient service hubs. The question is

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***In this issue:***

****State wants to close 9 hospitals, move patients *NAMI annual picnic August 23; *Ellis clinic may have refused client; *Going without at PROS; *Judge settles NYC adult homes lawsuit***

## *Ellis mental clinic refusing new patients?*

In mid-July a county DSS (Social Services) case worker called to say she had a client with psychiatric symptoms on Medicaid and SSI who she thought should be referred to the Ellis mental health clinic on Lafayette Street. When she called them she was told they couldnt take him. They refused him—this is the only mental health clinic taking patients in the county and while it's run by a hospital it's the equivalent of a county-run clinic. It commonly takes people on Medicaid and Medicare or Fidelis Care, plus those without any insurance and those who can pay on sliding fee scale depending on their income. But it doesn't take you if you are covered by your employer's health insurance or you have a direct-pay policy of your own or from your union, for instance. It's for everybody else and currently serves over 1,300 clients.

She didn't know where else to refer the client to. Almost no psychiatrists in the area will accept Medicaid—they say fees are too low—and often a doctor in one insurance company network will refuse to take a patient with a different insurance plan. The CDPC Franklin Street clinic, run by NY State, doesn't take new patients as a rule (although see below). The social worker called NAMI to ask for a reference. Was it true? Is the clinic shutting the door on someone?

I called Tracy Jones, intake coordinator at the mental health clinic, who interviews people every day but didnt remember this one. Would she or her assistant have turned someone away? Not if someone can be served in the mental health system—if those are the issues they're presenting with, she said. On the other hand,

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*NYS Mental Health Cmr.Kristin Woodlock at North Country meeting May 16*

## *OMH's Kristin Woodlock: State's public hospitals no longer sustainable*

*(From the commissioner's paper, OMH Regional Centers of Excellence, July 11, 2013, in which she laid out the state's plan for closing several state psychiatric hospitals.)*

The challenges in operating and sustaining the current OMH facility system increase with each passing year. While state budget appropriations have remained nearly flat since 2008,

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# Meetings and events

No lunch meeting scheduled for August but we expect to resume lunches in September. Tentatively we plan on having lunch Friday Sept. 13 at the Van Dyke Restaurant on Union Street in the Stockade, with NYS Senator Cecelia Tkaczyk as our speaker. We'll have more details next month.

Meanwhile, we've revealed plans for our annual fund raiser barbeque picnic at Central Park on Friday, August 23 from 4 to 8 pm. The invitations went out to a large audience July 23 with ticket coupons inside the envelopes. The coupons are returnable by Aug. 19. If you didn't get one and would like to go to the dinner, pls. call Roy or Mary Neville on 377-2619 or Flora Ramonowski, 372-6771. Tix are $20 (consumers of services $8) for a barbeque chicken dinner catered by Pie in the Sky Bakery, Albany, an affirmative business of Rehabilitation Support Services. *continued below*

*Patty Costa with friend swishing at August 2011 picnic*

*Ken, unnamed guest, Dorothy, Mike, Delores at Aug. 2011 picnic*

If you live in a group home or apartment program, call us and sign up if you haven't received a ticket; urge the staff to find a way to get you there. We usually have some important guests and candidates for local political office turn up, to say a few words. Families: this is your chance to find out more about NAMI and what we can do to help make this a better community for those living with mental or emotional discomfort or distress. They need us to show up as a sign we care about them and are going to support them in their causes.

# News and notes

*Musical chairs in the top echelons of state mental health policy making:* ***Dr. Ann Sullivan, MD,*** *will serve as acting commissioner of the NYS Office of Mental Health starting in November. She replaces* ***Kristin Woodlock,*** *who has been acting OMH commissioner only a few months. Dr. Sullivan is the senior vice president for the Queens Health Network of the NYC Health and Hospitals Corp. Wait a minute: Kristin Woodlock will hand over the reins to* ***John Tauriello,*** *chief counsel for the department, on August 1. (Sounds like changing the guard at the top in Egypt.)Meanwhile,* ***Courtney Burke,*** *who has presided over the much-maligned NYS Office of People with Developmental Disabilities for less than two years, has been elevated to the governor's office. She will serve as the governor's deputy secretary for health, replacing James Introne, who retired.*

# Personal

***Edith Morlock f****inally had her hip operation and is fast recuperating. She was among the gang that sat in and put together the huge pile of mail invitations at Marianne Bergh's house July 22 for the fundraiser picnic coming up. Her husband,* ***Walter,*** *who struggled after a hip operation a year ago,is also moving about and going places....****Patty Costa****, one of those at the gathering, is back from her latest trip to San Diego to be with her daughter.....*

***Art Collins, w****ho fills us in from time to time on his son's treatment in prison, had this report July 22; As far as my son is concerned, (he) is doing much better since he has been out of the "box".He was able to purchase hygiene products to get rid of the rash. He will have all of his privileges restored this weekend. They changed him from Zoloft to Paxil. He had a little trouble with a guard,but can"t talk about it until he gets out, in less than two months.I am trying to get appointments set up at Ellis outpatient. I talked with him today and he said that next month they would have someone at the prison set up appointments for him when he gets out.*

*Long time Ellis mental health clinic intensiuve case manager* ***Kevin McCormick*** *is retiring. Group may meet this week to wish Kevin, with 34 years for the state under his belt, a goodbye.*

***Rich Angehr of PROS,*** *who heads the state's mental health treatment darling downtown, has plans for families and consumers in the program. He writes: We have included NAMI in planning a Family Night scheduled for Thursday Sept. 26 from 4-6 pm. I have kept* ***Flora Ramonowski i****nformed of our plans and invited her to attend our next planning meeting on Aug. 2 at 3 pm. The goal is to invite family members of our participants to see the program in an "open house" atmosphere including a dinner where family members could learn more about PROS, especially our interest in providing family consultations. I would like NAMI to present information and literature at this meeting. We are also hoping to include performances by some of our participants. (OK, families, this is for you.)*

***Hikes and rides program--****Now on its last legs, we have a trip to the Tri-City Valley Cats ballgame set up for Friday, Aug. 9. If interested call Roy, 377-2619 by Wednesday pm Aug.7 when we will buy tix for seats together. Also,* ***suppers in the park*** *plans are hatching: We've asked some consumers what night they'd like to go and they're deciding at this writing.*

# *One year after Aurora—has anything changed?*

*(Reprinted from Treatment Advocacy Center, Arlington, Va., News on its website treatmentadvocacycenter.org on July 20.)*
One year ago today, 12 people died and 70 more were wounded in an Aurora, Colorado, movie theater when a young man diagnosed with schizophrenia opened fire on an audience at the midnight opening of *The Dark Knight.* In the months that followed, additional mass killings associated with mental illness took lives in Michigan, Texas, California and – at the end of the year at Sandy Hook Elementary School – in Connecticut.In the collective national grief that followed, state and federal lawmakers focused more attention on mental illness treatment issues than they had in the half-century since passage of the Mental Health Act of 1963.In Nevada, a law was enacted so that Nevadans trapped in the revolving door of the consequences of non-treatment would at last have the option of court-ordered outpatient treatment (AOT) to help them live safely in the community. In Colorado, New York, Texas, Montana, Indiana, Washington and elsewhere, treatment law improvements were made that will assist more people who struggle to stay in treatment. Bills to make improvements are pending in states where legislatures are still in session, including California and Pennsylvania.

*James Holmes*

Meanwhile, on Capitol Hill, policymakers like Rep. Tim Murphy (R-PA) turned a spotlight to federal policies that create barriers to treatment for those with the most severe mental illness –holding hearings, grilling federal officials and at least talking about change.All this attention and the reforms that have resulted are welcome – but they are not enough.

Millions of Americans live with untreated severe mental illness every single day. Hundreds of thousands are behind bars or living on the streets because of their symptoms. Tens of thousands are victimized or kill themselves every single year.On behalf of them all – and of the past and future victims of preventable tragedies like the one in Aurora – we must not rest on a year of milestones. As long as barriers to treatment remain, the drive must continue to improve and use the laws that exist to help those too ill to help themselves must continue. In the meantime, we continue to mourn with the rest of the nation the lives lost and hurt that treatment before tragedy might have spared.

## *Consumer news*

Schenectady PEER organization website states PEER is forming a new committee on books, reading and writing, where you can meet with authors Dinah Dietrich and Linda Sanchez. Contact Celeste Trotz on schenectadypeer@gmail.com; also call Celeste if you would like to join the group Sunday afternoons at 3 for a "google and hangout," a face to face computer conversation using your screen camera.....The latest CDPC Franklin Street Clinic newsletter is out with a biting Fourth of July piece by editor Nathan Jewitt.

# *Clinic bars patients?* *from page one*

"if someone needs another kind of treatment or addiction treatment, we try to link them up with appropriate care."

It's possible, she thought, the caller needed another kind of treatment. Among those calling in recently she had referred someone to drug detox services, which Ellis doesn't provide, and found an insurance plan to take care of a walk-in client with co-occurring mental illness and drug addiction.

If they're not refusing patients like the one in question, what are they doing about the backlog of cases we hear about? Tracy was asked. She agreed the clinic has a running backlog of new cases waiting to see a doctor. The clinic is short a psychiatrist after the recent departure of Dr. Talwar and this has caused them to move patients around, with longer waits than usual. The department is in active recruitment to fill the doctor position and will have a part time nurse practitioner start at the end of the month.

Tracy was asked what happens if someone calls for an appointment or shows up at the clinic. She and a second intake coordinator receive calls every day, 9 to 4 Monday through Friday, or meet the visitor who is willing to wait. They do what is called triage—determining on the basis of the person's history what specific services he or she needs and if the clinic is the right place. For face to face interviews the person is asked to fill out a form which they can review and decide if an appointment with a clinical social worker or psychiatrist is in order. They also check to see that the patient has a primary care doctor or is enrolled with the local Health Home program, now called Care Central.

"We usually make a plan as to what additional records are needed or what services we should refer them to," Tracy noted. "We set a date as we have appointments available. We can't say what the wait is—it really depends on the case. Some people could wait more than a month." She admitted the backlog is worse now.

Would the CDPC Franklin Street clinic have been able to help? Kim Hostig, its manager, said the state clinic doesn't normally take any new patients. But in recent weeks to help Ellis out of its pinch, it is offering to take one patient a week who has been discharged from the Ellis Psychiatric unit and is on a five-day followup. Several patients have made use of this offer, she said, and CDPC will continue to do this to take pressure off the Ellis clinic. The CDPC clinic has 400 patients, all of whom must be 18 or over and have a chronic, serious mental illness.

Claire Wieman, Ellis's clinical director of psychiatry, confirmed Tracy's explanation. She said, "I am always concerned to hear of someone in need of services who is having difficulty accessing them, and I would be glad to look into those specific cases and ensure outreach to that consumer if you provide me a name. As Tracy explained, we are actively recruiting for our vacant doctor position and will have an additional part time nurse practitioner starting with us at the end of July which will allow us additional flexibility. In the meantime, all of our referrals are carefully screened and provided appropriate support and follow up as indicated by the unique clinical aspects of each case. We are absolutely committed to taking care of the seriously and persistently mentally ill, and if we are in any way missing one of these folks, please let me know immediately. It is not possible to quote you specific wait times and numbers, as every prospective patient's wait time hinges on their clinical profile and level of need.

# *State orders closings* *from page 1*

whether the vision of rebuilding community mental health will really come about. Funding has never followed the move to outpatient services. Yet this time the state only expects to save $20 million the first year and that means it's serious about reinvestment. Trouble is, it hasn't defined that precisely, leaving advocates and critics up in the air about the extent of future services in the major centers and rural hinterland.

Surprisingly, Capital District Psychiatric Center, this area's only state hospital, with 180 adult beds, remains unaffected by the changes. Why should CDPC stay open? It's newer than some of the others and it's right under the gaze of state bigwigs in Albany; but it's surrounded by cities having four general hospitals with quality psychiatric departments. They usually have enough beds.

They say CDPC will be given a stronger role in the community. But it's already "doing the right thing"—it runs a group residence on Union Street and the Franklin Street satellite clinic in Schenectady;it has a forensic unit, day treatment program, group residence and crisis unit on its own grounds; it gets training and staffing support from nearby Albany Medical College; has a job program for its residents and well-established relationships with private service providers in our area. Despite this, there have been strains. Ellis psychiatric staff complained a few years ago that CDPC wasn't accepting their transfers while CDPC's chief officer denied this, saying the patients didn't deserve further inpatient care at state expense.

The four general hospitals with their mental health units are the true engines of psychiatric care for the area, not the state hospital. The four serve far more patients in a year than CDPC; there is more rapid turnover and meshing with the outpatient side. Their doctors often serve private patients on the outside as well and they form the nucleus of the community's publicly administered outpatient psychiatric services.

## *Why centers of excellence?*

The idea of creating centers of excellence is a bit of a stretch even considering the elaborate plans drawn up. We read of partnering the remaining hospitals with university centers for professional training grounds and research activities. The reforms will speed up the trend to move more patients back into community residences and services where the state feels more can be done to treat people with serious illnesses. That's true. They include plans to open more apartments for the residents who will be released from hospitals. We haven't seen that happen in any great numbers yet. They cite comprehensive outpatient programs with managed care plans for all and better coordination of care—all to the good. Those trends have already begun under the state's Medicaid Redesign Program.

It's more a promise than proven fact. Advocates have rallied in support of the plan, confident that the state is going to reinvest most of the money saved in state-operated residential and other community based outpatient services. That is where most of the state jobs will be, says one insider, in a state operated community based system. The workers they deploy to non-profits will be a small number. They promise no loss of jobs.

*Binghamton State Hospital*

Strangely, that's what the state Office of Mental Health did more than 25 years ago when it closed some of the wards in Utica State Hospital and sent back patients and staff to Schenectady and other cities where the patients had previously lived. Those staff members filled in at Ellis in our local community mental health programs just getting going in the late 1970s and early '80s and were called state shared services staff. They've had a merry ride up till now, sometimes outlasting cuts in the regular economy by being called back to CDPC.

If the shift to the community is for real, can the state carry it off? And will it make the hospitals better and create a better system of care? The state and community hospitals alike are fighting for their lives against high costs and tight governmental policies. They're having to treat patients who come in with tougher diagnoses and more complex needs. They're being stripped of their staffs. They cost too much. A month's stay in a state hospital bed is estimated to cost three or four times as much as staying in a group residence in Albany. And they haven't closed many hospitals all these years. Now the state finally has it right—they want to disperse the psych hospital population to the community.

But so far there has been little enough state money handed out to mental health housing providers for patients leaving hospitals or for newcomers seeking a bed. We're waiting for the housing money to show up.

From our experience, the quality of care inside state hospitals does need improvement. They have become understaffed and top heavy with administration, the products of repeated state budget cuts and union policies. Some campuses are as big as small cities, spread out over the acres, consisting of central towers, shops and outbuildings, power plants, dormitories for patients and tidy private residences for staff.

## *What patients need*

Without a new spirit for this workforce there is no reason to believe excellence will result. What patients need everywhere is simple: they need dignified, attentive care, appropriate treatment and decent, modern facilities. They expect that, and perhaps a personal touch, too, from the staff. That's what's working against the state's formulation. Too much upsetting the applecart. They think patients and staff can be flipped around to new locations without upsetting what's normal and valuable to them. Such as being close to family and relatives. This project is painful to patients, employees and their families in those cities losing a hospital. It has to be recognized for that.

But it's time to close them. NYS will still have three times as many of its hospitals open as any other state after the big move. The advocates see the money flowing to community treatment. And that will help our families. *continued bottom of next page*

## *Kristin Woodlock* *from page one*

operating costs naturally rise due to built-in cost inflators and long-term contractual obligations. This means that each year, reductions in spending on OMH state operations must occur to avoid cuts to the community. However, reductions to state operations have reached a tipping point – it is no longer sustainable to operate and maintain state inpatient care in its current form. Every year that true reform and transformation of the state facility system is delayed, even larger budget gaps are created which then limits our ability to invest more substantively in the mental health system as a whole.

NY State is also under pressure to rapidly transform the way we serve people with disabilities of all kinds, to comply with the US Dept of Justice's enforcement actions from the Supreme Court's 1999 Olmstead v. LC decision. Transforming NY State's mental health system around the principles of most-integrated-setting services and supports is not only clinically and morally imperative; it is also the law of the land.

Challenging the efforts to support independent community living, many New Yorkers with disabilities have been priced out of affordable housing, as fair market rates for studio and one-bedroom apartments have surpassed most SSI recipients' entire monthly stipends. While many on SSI cannot afford an $800 per month rent, at what point did it become preferable or acceptable to instead provide these same individuals with housing in a psychiatric institution at a cost of $800 per day?•

# *NY settles case to house mentally ill in apartments*

*(from Associated Press story July 24. Note: This is a big win for advocates calling for better housing and enforcement of a civil rights statute known as the Olmstead Law, and the stubborn persistence of an Albany public law firm and its lead attorney Cliff Zucker. Cliff and staff finally achieved this miracle after a 10 year battle in court against the state—freeing thousands of mostly elderly residents living with serious mental illness from the clutches of unsafe and unsightly adult homes in NYC.)*

Thousands of mentally ill New York City residents institutionalized in dormitories called "adult homes" will be given the opportunity to move into their own apartments as a result of a legal settlement announced Tuesday.

The deal between the state, the U.S. Justice Department and several advocacy groups will end nearly a decade of litigation regarding the homes, some of which have been assailed by opponents for threadbare accommodations, restrictive living conditions and allegations that residents are sometimes given unnecessary medical treatment.

Under a consent decree, the state has agreed to offer assessments to at least 2,500 residents of 23 large adult homes in New York City that would determine whether they are capable of moving into supported housing, an arrangement in which people live largely independently in subsidized apartments, with occasional help from visiting caseworkers.

The administration of Gov. Andrew Cuomo has also agreed to create at least 2,000 new supported housing units to meet an expected increase in demand.

Cliff Zucker, general counsel of Disability Rights New York, one of the organizations that sued the state in 2003 over conditions in the adult homes, said the shift will benefit residents who are capable of living by themselves, but were stuck for years in institutional settings because of barriers to placement elsewhere.

"People will have opportunities they never had before," Zucker said. "In an adult home, you may have more than 120 people under one roof. You have two or three people to a bedroom. You have assigned roommates. You can't cook your own food. At some places, you can't even choose a different seat for dinner. You can't have overnight guests. There is very little privacy. They have a terrible track record in terms of the quality of the accommodations."

The New York State Center for Assisted Living, a group that represents adult home operators, has defended the institutions as necessary refuges for people who sometimes have no other option after being discharged from psychiatric hospitals.

# *Advocates endorse state plan on hospital closings*

Seven statewide advocacy organizations in mental health backed the Cuomo plan July 11 to close and consolidate NYS psychiatric hospitals. Those signing on were Harvey Rosenthal, New York Association of Psychiatric Rehabilitation Services, Lauri Cole, NYS Council for Community Behavioral Healthcare; Glenn Liebman, Mental Health Association of NYS; Phillip Saperia, Coalition of Behavioral Health Agencies; Ted Houghton, Supportive Housing Network of New York; Antonia Lasicki, Association for Community Living; and Amy Colesante, Mental Health Empowerment Project. NAMI NYS was not among them; Executive Director Don Capone said he waited for reactions of affiliates.The stand by advocates reads as follows:

—Our organizations welcome these proposals to reconfigure state dollars and staff in a way that maximizes state resources to meet our communities' most pressing needs, while at the same time creating state of the art regional psychiatric facilities that are among the nation's best.

—We will be scrutinizing the details of these proposals and sharing more detailed reactions and recommendations in the days to come, and during the three year process the state is providing to finalize these landmark reforms.

—We want to ensure that a significant portion of state savings from staff attrition and facility closures is reinvested into local communities to boost effective and cost effective nonprofit services.•

## *State closings* *continued from page 4*

There's another justification for closing hospitals. More mentally ill people reside at New York City's Rikers Island prison than in all the state hospitals together. This is because the state has failed to provide access to treatment and a place to live for many of the most seriously mentally ill among us. Hence, the criminal justice system is providing a shadow mental health system for the homeless and most vulnerable. Their numbers are growing while the state hospital censuses continue to fall. So more treatment programs should move to the jails and prisons, more effort placed in that direction..

# *PROS— missing teachers, missing supplies questioned*

Time to ask the people who run PROS--the outpatient treatment center downtown--about things like absenteeism among staff, lack of supplies for their activities, lack of internet connections for their computers and minimal trips out for the people who go there. You get a whiff of things not just right when you talk to people who hang in there. But then again, we want to hear it right. Here's a Q and A with Richard Angehr, manager of Ellis PROS, taken from questions asked over the phone and in writing. His answers came back in writing. To start with, Rich said about 160 people attend PROS, more than before, and the census will continue to rise.

QI hear there is absenteeism on the part of staff who teach the .groups at PROS. What are you doing about it?

A. Not sure where you are getting your information about groups. Absenteeism is not an issue. When someone is out due to vacation or illness, we make every effort to cover their groups. It is very rare that a group is cancelled due to lack of staffing.

Q.There are classes where little is being done because of lack of supplies and materials. What is your view about this?

A. As far as group materials are concerned, we have a budget for books, materials, etc. and we order or shop as needed. I'm not aware of any groups that are lacking the needed supplies.

Q. How many trips are there and for how many people when the PROS van takes people out, other than for shopping?

A. We continue to provide weekly trips to WalMart and longer trips monthly, e.g., Woodstock, Lake George, etc. while emphasizing opportunities that may be available for consumers to explore the larger community independently. For example, they've organized a weekly movie group that goes to a local theater together.

Q. When is PROS going to get internet connections for the two computers so people can bring laptops and use the internet?

A. The computers are connected to the internet through Time Warner and there is also a wireless signal. The signal is not strong enough to reach all of the building. I have been told the signal will be strengthened but we're still waiting on this.

Q. How many people have been helped into paying jobs or training for jobs in the past few months?

A. Our most recent statistics show 22 consumers employed competitively--about 13% of those enrolled.

Q. How many groups are offered for the elderly at PROS?

A. We don't have any groups targeted to the elderly population at this time. We have had some on previous schedules. Staff did receive training from OMH regarding PROS services for the geriatric population so we are aware of the possibilities.

# *Sheltered workshops going kaput*

It isn't fair. The state Office for People with Developmental Disabilities (OPWDD) has told operators of sheltered workshops that their funding is being phased out—a product of federal funding reductions, legal challenges against such workshops in other states and pressure from Washington, DC.

The workshops have employed thousands of disabled workers over the past half century in NYS by giving them an assortment of basic and repetitive jobs in these plants that other workforces won't do. They get preference in bidding on jobs like those with federal or state agencies or the military, and so have managed to keep their heads above water while the economy worsened and opposition to them grew.

Critics have come to the fore in recent years to claim the jobs discriminate against disabled people by paying them below minimum wage and don't build skills needed for regular jobs. But those defending the centers point out that sheltered workshops are often the only jobs that people with these disabilities can handle. And without these centers they would have nothing to do and often go on welfare.

The edict, taking effect right away, is hitting the disabled hard as well as the agencies serving them. In NYS they employ almost 8,000 people including some with mental illness, intellectual and other disabilities. A workshop that employed people with mental illness operated in different locations in Schenectady for about 30 years until it closed its doors about 10 years ago as a satellite of the Capital District Psychiatric Center workshop in Albany.

Parents will remember their sons and daughters attended that workshop, first on Catalyn Street in the 1970s and '80s. People complained the building lacked heat in winter and air conditioning in summer. In the 1980s Jesse Nixon, CDPC's top administrator, tried to move it into space occupied by a former K Mart in a mall off Maxon Road but plans fell through. A building was found on Van Vranken Ave. where Marty's Hardware now stands and the workshop operated there many years. Finally it was closed and only a small group of workers remained at the site of the CDPC Franklin Street clinic until they, too, were dispersed. .

Closing the centers brings up antagonisms that go back at least two decades. The concept has come under fire from disabilities rights groups who believe they end up keeping the disabled out of the mainstrem workforce. Federal and state officials have come to think that when you take any group of people and you put them all together, you are segregating them, said Marc Brandt, executive director of NYSARC. That's the umbrella agency for local groups like Essex Industries, which has workers build cane seats and other wooden parts for canoes; and Rensselaer ARC where they package instant cofee and soup mix used in state prisons.

NYSARC maintains a workshop in Menands and branches elsewhere. A center run by Liberty Enterprises in Amsterdam used to bus clients to and from Schenectady. At one time Liberty was a major supplier of french fried potatoes for the fast food industry in New York City. If one's memory serves, it ran trucks to and from the city nightly, filled with potatoes from its processing plant in Amsterdam. The Schenectady workshop mainly worked on changing pages in law books published by the Bender Co. of Albany. But then Bender moved to the Binghamton area and the program collapsed. *continued on page 8*

# *Those pesky Exchanges in the Affordable Care Act*

Some of the rules in the government's new health care reforms called the Affordable Care Act can be threatening to people not used to shopping for health insurance and figuring their options. The new world of marketplace reforms and health benefits exchanges is indeed radically changed from the past but it's getting hyped out of proportion. First, the exchanges only apply to a small segment of the population. About three fourths of New Yorkers receive their coverage through their employers or the government and are not immediately affected by the new exchanges.

That still means a lot of people have to wake up about how they will purchase their health insurance starting next January 1. As pointed out in this summary by NYAPRS, the ACA creates state-based marketplaces called exchanges for individuals and small businesses to purchase insurance for their employees. It is projected that more than one million New Yorkers who were previously uninsured will get coverage as a result of marketplace reforms, expanded Medicaid eligibility and federal subsidies.

But if you aren't covered now, or come under an "individual direct pay" type of insurance,or a Healthy NY program, you have to join up through the NY Health Benefits Exchange. You may or may not pay more for an insurance plan it offers, and those costs are said to be up in the air at this point.Here are some cost pressures that will impact health coverage in the individual market beginning in 2014.

1 You Will Be Buying A Different Policy—Many people buying coverage for themselves and their families will be able to choose from policies with more comprehensive benefits and services known as the "essential health benefits" package. This closely resembles employer sponsored insurance.

2 Your Health Plan Will Pay A Significant Percentage Of Costs—The ACA requires health plans to cover a significant percentage of average costs. For some individuals in NY, it means that premiums will be lower and cover more benefits and services. In addition, the ACA requires that out-of-pocket expenses (co-pays, deductibles and co-insurance) be capped, and prohibits health insurers from imposing any limits on your coverage.

3 Your Insurance Will Provide More Comprehensive Benefits—The ACA requires all plans offered through NY's Health Benefit Exchange to cover a wide range of benefits and services that may not have been included in many health plans prior to 2014, such as prescription drugs and pediatric, dental and vision care.

4 You Can't Be Denied Coverage For Preexisting Conditions—and you can't be charged higher premiums for poor health status, your age or gender—The ACA requires health plans to issue coverage to anyone who applies for it—known as guaranteed issue. Since 1996, New York has required all HMOs in the state to provide coverage to individuals not offered benefits by an employer or who are self-employed—this is known as the individual direct pay market.

5 Higher Anticipated Enrollment Among Older Individuals Means Higher Health Care Costs—The ACA requires everyone to purchase health insurance or pay a penalty. Some argue that the new exchange coverage will attract a young and healthy population and lower the "risk" and costs for everyone getting this new coverage. Others maintain that the penalties are so low that those younger, healthy people will stay out of the pool.

6 Many People Will Be Eligible For Subsidies—Many individuals and families who currently do not have insurance coverage will qualify for public insurance (Medicaid) or federal subsidies to help them purchase coverage. Some will qualify for subsidies to help pay their premiums or out-of-pocket costs.

# *Family members as home aides*

Home health aides help countless older adults age in their homes, yet they are often underpaid and work without benefits and protections enjoyed by other workers. The result is a shortage of home health aides even as the elder boom makes their services more important. A study suggests paying family caregivers to care for older adults after their loved ones die, giving caregivers a continuing source of income and personal meaning.

You want an opinion on this? Do they really know who they're asking us to invite in? Mom and dad aren't always the easiest to get along with. That's why the kids abandoned the nest long ago. And that son or daughter may be something else. These modern kids don't bake pies, you know. They don't come running to cook us a lambchop supper—maybe a TV dinner will do. They don't clean house either—except maybe to wave a dust rag at the walls. And running the vacuum cleaner is going to cost us dearly. They can get obnoxious, too, spouting right wing radio, anti-Obama slogans, and mini-Bible sermons to straighten our behavior. No thanks—for peace of mind's sake, you hire 'em.

# *The run-around*

You may think you have it bad. We've all gotten a "run-around" from a government agency, doctor's office, health center—and felt frustrated when a person at the other end of the line won't answer or can't answer. You need urgent help for a loved one with a mental illness in distress, so what do you do? Well, here's a supreme example. A call came through July 26 and I don't like to repeat personal things or come to quick conclusions, but it poignantly expresses what some NAMI families go through.

A woman caller who didn't leave her name said she had tried calling everybody she could think of to find help for her 21-year-old granddaughter in the local Schenectady system with a history of bipolar depression, ADHD and brain dysfunction.The younger woman had run out of her medicines and now was refused further assistance to get them or qualify for them. The caller has been to county social services, the Ellis mental health clinic, a string of places. The young woman's pediatrician won't treat her any longer because she has no insurance. He's also on vacation for a week or two. She's applied for SSI (Supplementary Security Income) and Medicaid but this takes months and they haven't heard back.

She was previously on Medicaid for 90 days, the caller said, and got her meds but that has expired. Wouldn't they put her back on? I asked. The woman said they had reapplied and were approved by the state Office of People with Developmental Disabilities but the agency told them without SSI they couldn't get services. She called her grandchild's primary doctor and he won't write a prescription for her without her being on Medicaid. She called the Schenectady free clinic but they have a waiting list. A drugstore was providing the meds free or low cost but that's ended. She called the state Department of Health. She called NAMI. Next it would be the doctor again. You don't know how to help some people, yet their needs are crying out. (RN)

# *Shutting the workshops*

*from page 6*

A seamier side to the story: It's believed that OPWDD has finally thrown in the towel and ordered the sheltered workshops closed in order to settle a dispute with the federal Centers for Medicaid and Medicare. The federal government claimed New York State over-billed the two agencies by billions of dollars in running its developmental centers and outpatient treatment programs. The feds said they would collect the debt by reducing federal payments to the state for Medicaid and Medicare, which threw a scare into mental health providers who might also suffer. And it may have forced OPWDD to agree to close its sheltered workshops, which the feds would have wanted.

## *O.D. Heck closing*

State officials on July 26 announced the gradual closure of four institutional campuses for the developmentally disabled over the next four years, with the O.D.Heck Development Center in Niskayuna slated to be the first to shut down, in March 2015. Closure of the four facilities is part of an ongoing effort to reduce the number of people living in these centers in NYS, which now have less than 1,000 residents, down from more than 27,000 living in such institutions 25 years ago when the infamous Willowbrook State School in Staten Island was ordered closed.

## *Free Clinic closing*

Schenectady Free Health Clinic is slated to close July 29. Director Bill Spolyar states it has found other places to treat its patients--either at Ellis McClellan Street clinic or Hometown Health Center. Ellis board of directors were to decide if Ellis mental health personnel would move into the Free Clinic space on Franklin Street to care for patients there but the board issued no statement in July, according to the hospital public information office.

**Note to Readers:** You are invited to call the editor, submit an article or letter about anything germane to local mental health services or the situations families and consumers face in our community, to run in the E-News. This is the monthly NAMI Schenectady newsletter and will not be issued in print except to those who do not receive email. If you want an email copy, send your email address to the editor, rneville@nycap.rr.com. If you don't want to continue the E-News, tell us. Back issues are on our website: namischenectady.org and can be downloaded in pdf format.

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