

NAMI-Schenectady E-NEWS

February 1, 2013

Nat'l Alliance on Mental Illness
of Schenectady

Men at the YMCA

Get their building

YMCA's Lou Magliocca, right, with assistant Ed Kowalczyk

(from Daily Gazette Jan. 14)

The YMCA's housing program, currently located on State Street, will move to Broadway as part of a \$25 million renovation project, officials announced today. The program is currently at 13 State St., but will move to 845 Broadway, next to the Schenectady County Department of Social Services building.



Getting the project going is more than \$11 million in tax credits approved by the New York State Homes and Community Renewal, the state's housing agency. The tax credits provided the final piece of financing for the project to get underway, officials said.

"These tax credits will allow for the renovation of a dilapidated building that sat vacant for too long, creating a modern housing facility for many in our community, especially our veterans," Judy Dagostino, chairwoman of the Schenectady County Legislature, said in a statement.

The 95,000-square-foot vacant building is to be converted into 155 efficiency apartments, each with its own kitchen, bath, bedroom and living area. The project is tapping other funding sources, including federal and state historic tax credits. The building is on the federal Register of Historic Buildings, making it eligible for the credits.

Built in 1915, for the Mica Insulator Company, the building has wide-open interiors and large concrete floor plates with extensive windows. It's a design that makes it suitable for housing, officials said. All local approvals are in place, with work expected to begin in the coming weeks. A 12-month construction schedule is planned.

The project is being developed by the Galesi Group, of Rotterdam. The builder is to be Bonacio Construction, the architect is to be Re4orm Architecture, of Schenectady. With the housing program relocating, the YMCA has already relocated its fitness center to Center City. The old YMCA
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Guns, Safety and Mental Health: the debate rages

The staggering news about shootings of schoolchildren in Connecticut and two people shoved to their death in front of subway trains in NYC has galvanized the NYS legislature and governor to enact the first anti-gun laws coming in the aftermath. Their swift passage has already met criticism. Meanwhile, President Obama has released a comprehensive plan to reduce guns, limit multi-shell magazines, tighten background checks and focus on the states' haphazard treatment of people with severe mental illnesses. We've selected testimony that follows in which the issues of how to deal with people who are potentially dangerous among the mentally ill are debated.

If there is a clear split in thinking among the leading advocates and authorities in the field, it is over the extra restraint and discipline one side says is needed to keep the public safe and prevent the violence. The opposite view claims that stricter measures targeting mentally ill people will hamper the efforts of social workers, doctors and nurses to deal frankly with the most seriously afflicted. There are also calls for more hospital beds, treatment services and money budgeted for public mental health programs, which we can endorse. Altogether it's an invigorating debate in which families should join and make their voices heard.

Care Less Likely if Therapists Are Cops

(by Paul Appelbaum, professor of psychiatry, medicine and law at Columbia University, and Jeffrey A. Lieberman, chairman of psychiatry at Columbia, in The NY Times, Jan. 17).

Not only could the recently adopted New York statute requiring mental health professionals to report patients likely to engage in conduct seriously harmful to themselves or others probably not work, it could make things worse.

If we are serious about addressing the problem of untreated mental illness, we should make sure that people who need quality mental health services have access to them.

But if, as seems to be the law's intent, we want to reduce gun violence by keeping firearms away from people with mental illness, the law seems like a poor strategy, since the best available data indicates that only about 4 percent of violence in the United States is attributable to mental illness.

Put somewhat differently, even if we could stop all violence by people with mental illness, we would still be left with 96 percent of the violence we suffer from today. *(continued on page 4)*

Meetings and events

Our next NAMI lunch meeting is Monday, February 11 in the downstairs meeting room of the Schenectady YMCA in Center City at noon. We have invited Kevin Pausley of the county Probation Department to talk about the job of probation counselors when involved with a mental health caseload. Kevin is a long time senior probation counselor who helps advise the city and county court judges when these cases come before them. He also sits on the NAMI forensic task force led by Bob Corliss.

In addition we'll have Lou Magliocca, director of the Schenectady YM, tell us about the triumphant news that the old industrial building at 845 Broadway will be renovated as the new home for the men living at the current Y residence at the foot of State Street. Lou said the men are overjoyed about the move, which will take at least a year to complete. Some 155 apartments are to be created. The men to be moved will have studio apartments to live in instead of the plain rooms of the old Y with a bathroom down the hall and no kitchens.

Our lunch will be catered by Homestyle Pizza of Upper Union Street and will consist of a choice of two hot baked meals. The price is \$10 payable to Cindy Seacord, treasurer, at the event. Please reserve ahead by calling the Nevilles, 377-2619, so we can gauge how many lunches to order. Parking is ample in the lot behind the Center City YM and in two smaller city lots on Liberty Street and nearby North Broadway. We arrive about 11:45 and our lunches are to arrive at noon.

Relatives support groups

Two support and education groups continue every week for parents and other close relatives of someone living with a mental illness. These are free counseling sessions with a facilitator. The main support group meets on Wednesday evenings at 6 in classroom B-3 inside the Psychiatry wing of Ellis Hospital. It is led by Kevin Moran, a social worker on the Psych unit, who has close contact with the patients. Call Kevin beforehand on 243-4255 if you are new.

Park in the hospital garage, walk the main corridor to center where elevator banks are. Take elevator to third floor, turn left and head west down the hall, take a jog into the Psychiatry wing, and see sign posted on the wall for Kevin's classroom.

The second support group is led by Frank Greco and meets in a first floor conference room at the CDPC Clinic at 426 Franklin Street. Parking on street. Sessions are held on Mondays from 5:30 to 7 pm. Call the office at 374-3403 for details. These family groups are available whether you live in Schenectady County or not. You need not have had a relative served by Ellis or the Capital District Psych Center.

DBSA for depression and bipolar

For consumers of services, the Schenectady Depression Bipolar Support Alliance meets weekly at Grace Lutheran Church, 1930 Hillside Ave., Niskayuna on Thursdays from 7 to 8:30 pm. Kathryn T. is facilitator. She said we always welcome newcomers with diagnosed depression and/or bipolar. They do not need to call beforehand. For more information or questions, please call Kathryn at 346-8817. There are also DBSA groups in Saratoga Springs and Clifton Park. Contact Ms. Chris Jasikoff, 580-1064. Their mission is to provide support, resources and coping skills.



Kevin Moran leading discussion January 17 at brain series in library

3rd in Brain Series beckons

We still have the third installment in the series of videotapes on the brain, part of the Charlie Rose Brain Series of tapes, scheduled to be shown in the main Schenectady library Thursday, Feb. 7 at 3:30. If you haven't taken these in already, why not join us for the last presentation of these excellent films. This is titled "Neurological, Psychiatric and Addictive Disorders," and features a roundtable of top teachers and researchers with Eric Kandel of Columbia University; Gerald Fischbach of the Simons Foundation, Cornelia Bargmann of Rockefeller Univ., Nora Volokow of the Nat'l Institute for Drug Abuse and Thomas Insel of the Inst. of Mental Health.

Our NAMI chapter is showing the tapes in response to the shootings in Connecticut, the subway pushings in NYC and other violent events—where someone with mental instability is implicated in the violence. We believe our families and the public needs to know more about the causes of brain illnesses and what might possess a person to lose control in these instances. The videotapes are part of a larger series on the brain on the Charlie Rose PBS television shows over the past two or more years. (find them by clicking on the Charlie Rose brain series). We think they are the latest, best information, described in understandable terms about how the brain works, how the role of genes is implicated and how brain defects can set things off marvelously. One hour shows with a discussion to follow. On January 17 we watched the opening tape on schizophrenia, depression and bipolar disorder with Kay Redfield Jamison, Elyn Saks, Jeffrey Lieberman, et al. In the discussion that followed we were led by Kevin Moran of Ellis Hospital Psychiatry. The second film in our series, on Depression, was scheduled Jan. 24 with a panel of experts consisting of Eric Kandel once more, Peter Whybrow, author Andrew Solomon, Frederick Goodwin and Helen Mayberg making presentations.

All of the tapes and another on schizophrenia which hasn't arrived from the publisher yet, will be available on loan to groups and individuals, once the Wednesday night classes inside Ellis have seen them. Pls contact the Nevilles, 377-2619. We also have a movie, "Unlisted—A Story About Schizophrenia," shown on national television last year (one hour), for loan. It is about a woman doctor whose father, stressed with the illness, abandoned the family 10 years earlier and now she is forced to meet the challenges of finding him and attempting to reconcile with him.

Join NAMI-NYS Advocacy Day in Albany Feb. 5

The annual winter conference of NAMI-NYS is on Tuesday, Feb. 5 from 9 to 4:30 pm. It will be held in the Albany Room on the concourse level of the Empire State Plaza, Albany. Contact NAMI-NYS office for directions—Sharon, Tammy, Steve, Matt or Andrew can give you more information. 462-2000. NAMI wants you to register for the conference. See their 2013 Legislative Conference webpage on naminys.org. It has details for that day.

We usually have a group from NAMI Schenectady attending the meeting and seeing some of our state legislators that day. Please join us and be in touch with us about this. We are setting up visits with Senator Hugh Farley and Assemblymen Angelo SantaBarbara and Phil Steck but do not have a schedule at this time. Call Roy Neville, 377-2619. We will drive together if possible. We are also trying to combine our legislative appointments with the Fulton, Montgomery, Hamilton County group that day.

Parking under the plaza or nearby can be a hassle. However, we have been told by Matt in the office that we have permission to park in the lot of Holiday Express Motel, downtown Albany just off the riverfront arterial. The motel will take us in its van to the conference. The other parking spots available are in the Empire State Plaza garage, which fills up; it requires everyone in the car to have driver's license or other ID. The Times-Union Arena garage close to the plaza sometimes has spaces; it charges half-day or full-day rates. Ask about other spaces along Madison Avenue or on street near the Capitol.

Program for the winter conference is as follows: Speakers are scheduled from noon to 2 pm (pls check): Assemblyman Felix Ortiz, former chair of the Assembly mental health committee; representatives from the NYS Dept of Health, NYS Office of Mental Health and NAMI national; plus various elected officials. There will be awards and lunch will be served. They've asked us to make our meetings with legislators from 10 to noon or else after 2 pm., so as to be together for the main ceremonies. The agenda: "We come together to advocate to improve the lives of people living with mental illness and their families through better mental health services; access to safe and affordable housing, sustained funding of research, the inclusion of mental health education in NY's public schools, and a reformed criminal justice system."

News and notes

Personal: Don Adamowski, 74, former president of NAMI Fulton-Montgomery-Hamilton counties and president of NAMI-NYS, died Jan 4 after a four-year battle with cancer. A wake was held for Don in Amsterdam Jan. 10 with his wife, Sharon and two sons present with other relatives and well-wishers. Sharon's address is 238 Church St., Amsterdam, NY 12019....Linda Muralidharan has arrived with her four cats in Hawaii, is settling in. Linda's address is 91-525 Puamaeole St., Ewa Beach, Hi. 9670-6 and her email address is lmuralidharan@hawaii.rr.com; Marilyn Canoll is also settled in at her new location in NJ to be nearer a daughter. Her address: Marilyn Canoll, 655 Pomander Walk, Apt. 302, Teaneck, NJ 07666. Phone: 201-357-2065. Meanwhile, Carole Fry is said to be very happy with her move south to be closer to her son and family. Her address: Carole Fry, 1012 Water Stone Lane, Charleston, SC 29414. Her phone: (cell) 518-491-7974.....Kevin Moran will vacation in Hawaii the first two weeks in February. The relatives support group he leads does not meet Feb. 6 or Feb 13.

YMCA Building

(continued from page one)

building is to then be redeveloped by Metroplex as part of plans to redevelop lower State Street.

Lou Magliocca: Men are overjoyed

Schenectady YMCA executive director Lou Magliocca said "We're excited, we're celebrating over the news. There's still a lot of work to close on it. The paperwork is overwhelming. Construction is to start now. The closing on the loans is due April 19. It's been a long time coming, he added. The men can't believe it. It's going to be a tremendous advantage for people in Schenectady. Every room will have a gas stove and a bathroom."



845 Broadway, slated as home for men at the YMCA

Editor's note: Surely this is a blessing, a relief after years of waiting and yearning. It's more than four years since the YMCA said it had to give up the residence for about 180 men living at 13 State Street, an 87-year-old once-grand building that has seen too much wear and tear and would cost too much to renovate. The task was to find a developer to make a new home for all the men the YM pledged it would not abandon.

Early on, the vacant four-story structure at 845 Broadway attracted attention because of its size and layout that could accommodate a large number of living spaces. But developers found that government didn't have the money to finance buildings like this in the tailspin years starting with 2008. Banks didn't have money to loan and only the most attractive projects moved forward. Last year a breakthrough came with the news the building qualified for extra tax credits as a historic site. Then YMCA leaders assured us that about half the financing needed was in hand. The economy lifted a little last year and there were ruminations the remaining financing could be found soon. It came with the January 14 news from Metroplex.

There's a side note to this story. We wrote in the E-News in February 2011 that a single large building like this one wasn't the best solution for a large number of men with mental and addiction problems to move into. We in NAMI believe in scattered site housing wherever possible so our family members can live in neighborhoods with the rest of the population. The old building on Broadway has a plain exterior and it is on a highway, not in a residential section. But the planned renovations inside would transform that old building butterfly-like into something far more beautiful than the men's current living place. Plans now call for studio apartments with a bathroom and kitchen with gas stove in each, and other amenities like common rooms and dining areas on different floors. Other improvements will come outside.

We realized there wasn't any good alternative--big buildings like this don't exist to fit in at least 150 men. And the men said they preferred the comradeship of living together in a single building. So there's a celebration down at the Y that we share. The men deserve a better place to live and the Y is proud to stay with them.

Care less likely

(continued from page one)

Even that 4 percent reduction in violence is based on the unlikely premise that mental health professionals can identify everyone likely to commit violence. As illustrated by Jared Loughner, the Tucson, Ariz., shooter, many people with serious mental illnesses do not seek or receive psychiatric treatment. That is particularly true early in their illnesses, when some data suggest the risk of violence is greatest. For those patients who make it into the office, clinic or hospital, our ability to discern which patients are likely to try to hurt themselves or other people is quite limited.

If questionable effectiveness was the only consequence of the new law, it might be worth trying anyway. But the statute actually could increase the likelihood of violence and suicide. People troubled by suicidal or homicidal thoughts might avoid treatment, or be inhibited from speaking frankly about their impulses, if they knew they could be reported to state authorities. Thus, the very people who should most be in treatment may be least likely to seek it. If rates of suicide and homicide rise as a result, we should hardly be surprised.

Targeting people with mental illness as a way to reduce violence is a strategy fraught with risk. To reduce the impact of untreated mental illness, our best hope is to improve the quality and availability of mental health services.

Reform Commitment Laws, add psychiatric beds

(By Dr. E. Fuller Torrey, founder of the Treatment Advocacy Coalition, Arlington, Va., in the NY Times, Jan. 17)

In an effort to curb gun violence, President Obama promised to make “access to mental health care as easy as access to a gun.” His recommendations for improving mental health services are largely disappointing. While it is critical to improve the reporting system to keep guns out of the hands of people who are mentally ill and to encourage the reporting of threats, he neglected to address the two most important issues for reforming mental health care and treating people with severe mental illness.

First, he did not address the need to fix the civil commitment statutes in many states. Approximately half of severely mentally ill persons, most of whom have schizophrenia or bipolar disorder, are unaware of their own illness and therefore will not voluntarily seek help. The commitment statutes in states like Connecticut make it virtually impossible to evaluate and treat people like Adam Lanza until they have already demonstrated dangerous behavior. If Lanza’s mother did inquire about getting her son evaluated involuntarily (on his part), she would have been told that it would be very difficult. Connecticut is also one of only six states that does not have a provision for assisted outpatient treatment, which has been shown to decrease rehospitalizations and episodes of violence and save money. Despite being the most proven solution, assisted outpatient treatment is not even mentioned in the recommendations.

Second, Obama’s recommendations ignore the fact that there are now **95 percent less public psychiatric beds** being offered in this country than there were 50 years ago. The number of beds per population is the same as it was in 1850. Arizona, for example, ranks 49th among all states in bed availability. If the Pima Community College authorities had considered referring Jared Loughner (who shot Representative Gabrielle Giffords and others in Tucson in 2011) for evaluation, as they should have done, they almost certainly would have been told that no beds were available.

Thus, access to mental health care for the potentially most dangerous mentally ill individuals will not improve until we address commitment laws and psychiatric bed availability. President Obama does neither.



It Shouldn't Take a Tragedy

(by Harvey Rosenthal, executive director, NYS Association of Psychiatric Rehabilitation Services, Jan. 18)

The recent tragedies in Newtown and elsewhere are especially abhorrent to those of us in the mental health community, particularly since studies have shown that people with mental illness are 12 times **more likely** to be victims of violence, and no more likely to be violent, if they are **not substance abusers**.

Nonetheless, horrific acts of violence are inevitably associated with mental illnesses, often because the motivations for them seem unfathomable, and they end up getting sensationalized front page coverage.

It’s sad that almost the only time meaningful public attention turns to our community is in the wake of tragedies. Our systems desperately need attention. We now know so much about how to help people in need, but the use of effective approaches is the exception not the rule.

We need more money. But we can also redirect a lot of money invested in outmoded institutional or office-based approaches into community outreach, engagement, relapse prevention and crisis support services. National and state health care reforms can expand the use of these approaches.

And the recently approved New York State gun control law requiring clinicians to tell criminal justice authorities about patients who have expressed suicidal or threatening impulses is troubling. This information will be included in state and national data bases, along with information about people who’ve sought inpatient psychiatric care.

And, given the current environment, clinicians will likely over-report their clients, disclosing otherwise confidential information that will be used in ways we may not fully appreciate now. This approach will have the unintended consequence of deterring people from seeking care or trusting in and disclosing to their therapists.



*Rally at the Capitol
in December 2012*

New gun law passed too fast

(Shorter version of piece by Fred LeBrun in Times-Union Jan.19)

Last week, as one after another of our state legislative leaders speaking with distinct downstate accents came to the microphone to congratulate themselves and Gov. [Andrew Cuomo](#) on successfully sticking it to primarily upstate legal gun owners, the thought occurred anew that among politicians at this level, the capacity for self-delusion and self-love are bottomless.

From our perspective up here, the bundle of bills was mostly feel-good legislation, of little consequence in terms of enhanced public safety, but a huge inconvenience and expense to law-abiding gun owners, law enforcement and counties that will now have to absorb more unfunded mandates.

Overwhelmingly, nationally and in New York, the gun violence problem is caused by illegal handguns. These new gun laws don't touch the problem.

I don't suppose it's dawned on any of our legislative leaders, at least not yet, that what transpired over gun control in political Albany might actually increase the risk of gun violence rather than diminish it. After the law was signed, I was surprised how adamant and angry a raft of callers were, even members of law enforcement. They were ripped about being required to register their now banned weapons, which were previously legal, and pass another background check.

I am fearful there will be widespread non-compliance and certainly deep resentment, which in turn creates outlaws out of the law-abiding. In that dismal world, which in New York state is saturated already with more than a million assault weapons alone, the accountability for the buying and trading of weapons will become murkier, and that is exactly what we're trying to get away from. This gun registration business was not well thought through, or approached in an appropriate manner, and I suspect may have to be revisited. What a hash job.

Require Therapists to Warn of Danger

(by D.J. Jaffe, executive director of [Mental Illness Policy Org](#), a nonprofit research group, in NY Times, Jan. 17)

Some in the mental health industry object to a provision of New York State gun law requiring them to inform county mental health directors when they conclude a seriously mentally ill patient is likely to cause serious harm to self or others. •Those directors can notify law enforcement officers, who can take steps to restrict the patient's access to guns. Therapists claim

disclosure will discourage future patients from coming in or being truthful.

Maybe. But the overriding concern must be keeping the patient they are currently seeing alive and those around them safe, not some hypothetical future client. The far greater risk is to know someone has a serious mental illness, believe they are dangerous--despite their being under your treatment--and do nothing about it. This approach has led to [three times as many](#) people being incarcerated for mental illness as hospitalized and [35,000 suicides](#) annually.

The mental health system [favors](#) the highest functioning over the most seriously ill. As Dr. E. Fuller Torrey said, "we treat mental health and jail mental illness."

The reporting requirement could improve care. Once county mental health directors receive information that a seriously mentally ill individual is likely to become dangerous, they could and should prioritize this person for treatment, not just fill out gun paperwork.

The last argument against reporting is that it causes [stigma](#). Even if true, reducing stigma can't trump preventing suicide and violence. Therapists who object to informing authorities about mentally ill individuals who threaten others would presumably have no problem if they themselves were the intended target. The new reporting requirements can improve care, protect the patient and public and save money.

Obama gun plan calls for rules on mental health

(By Sam Baker – The Hill, January 16)

President Obama's plan to reduce gun violence calls for long-awaited rules requiring insurance companies to cover mental health services.

Obama said his administration would finalize rules on mental health parity, the requiring of mental healthcare to be covered the same way as physical healthcare. The regulations have languished since 2008, and Senate Democrats had called on Obama to push the rules forward as part of his gun-control recommendations.

Obama also said his administration would be "issuing guidance making clear that the Affordable Care Act does not prevent doctors from talking to patients about gun safety," amid a host of other healthcare-related actions and recommendations.

The White House plan calls for bolstering access to mental health services in schools and encouraging teachers to intervene early when they believe a student needs counseling.

"We know that the vast majority of Americans with a mental illness are not violent, but we also know that more than 60 percent of people who experience mental illness do not receive treatment and that crisis situations can develop without proper treatment," Health and Human Services Secretary Kathleen Sebelius said in a statement Wednesday.

Obama also directed the Centers for Disease Control and Prevention to study gun violence, despite a congressional order that prohibits the agency from conducting any research that would "advocate or promote gun control."

Letters--Needed: Education about schizophrenia

(this letter, submitted Jan. 4 to the Gazette didn't run)

We speak of the outrage over the shootings of 26 schoolchildren in Newtown, Connecticut by a mentally deranged young man, Adam Lanza. But the steps suggested to arm teachers or curtail freedoms of people with mental illness who don't intend to harm anyone, are not answers.

There's an important missing element, more public education, that could affect outcomes differently in these cases. Families need to know more about how the brain works and what triggers aggressive behaviors like we've seen. High school and middle school students don't learn about serious mental illness because of NY State education policy that won't put important learning materials in the schools. As a result they don't learn to address the problems that should be obvious to them when a fellow student is displaying odd behavior—either turns solitary and withdrawn, or indicates he has violent or bizarre thoughts.

Instead, there are lesson materials available from NAMI that teach about schizophrenia and depression and the need for tolerance and understanding toward classmates with signs of mental distress. These are offered to schools in Nassau County, LI, by NAMI Queens-Nassau; teachers statewide can get them..

It's possible high school students in Newtown might have interceded with their classmate, Adam Lanza, if they noticed his behavior and they had practical, useful knowledge about what appeared to be causing his actions. In another school spotlighted recently where students opened a conversation with a boy showing signs of mental confusion, it made a huge difference for the student and the school. Students can have compassion for one another, if they have the facts. Also, we in NAMI Schenectady are trying to respond to the shootings by hosting a series of educational films in the Schenectady main library on three Thursdays —January 17, 24 and February 7, at 3:30 pm. We hope the public will attend. -- Roy Neville, co-president, NAMI Schenectady

NAMI's Don Capone on Cuomo gun law *(short version of statement)*

While the control of gun violence in our society is an important issue, drawing mental illness into the debate detracts from another important discussion: the need for increased treatment and services for the mentally ill. Recovery from mental illness is possible, and we need to provide the necessary support system to give individuals the opportunity to live the most productive lives possible. Early intervention, access to proper treatment and medication, safe and affordable housing, family involvement, and education and employment opportunities are critical to recovery. NAMI also advocates for biological and clinical research to find the causes of all neurological brain disorders so that they can be treated and eventually prevented.

While the NY SAFE Act includes improvements to the Assisted Outpatient Treatment statute that NAMI-NYS supports, it also contains provisions related to mandated reporting by mental health professionals that may result in individuals being less likely to seek treatment. These provisions also raise concerns regarding the confidentiality and privacy of all patients.

Why Ellis lays off 70 workers

Ellis Hospital let go 70 workers, three of them in mental health, in mid-January. It didn't announce this to the public nor was it in the newspapers. It follows the news that Glens Falls Hospital laid off a number of its employees in November. What gives?

The explanation in Glens Falls' case was that Medicare is aggressively pushing toward placing patients in "observation" status rather than admitting them. If someone isn't hospitalized for three days Medicare won't pay for inpatient rehabilitation, often lengthy for someone with chronic illness or post-surgical recovery. By declaring the patient in "observation" status, Medicare pays five to 10 times less for an observation patient than for an admitted patient although these patients get the same care.

The irony of this cost saving measure came to light in a story in the Times Union Dec. 13 about 88-year-old Ike Cassuto, a former World War II bomber pilot who broke his pelvis in a fall. He spent four days on the inpatient unit at St. Peters Hospital, was put in observation status and without a three day hospital admission, Medicare wouldn't pay for the rehab which cost him \$300 a day for three weeks.

Observation cases are on the rise in hospitals in the Capital Region and across the nation, the news media report. St. Peter's had 2,560 observation cases in 2009 and 5,000 of them in 2012. Hospitals are increasingly classifying patients as "observation" in response to federal pressure to avoid unnecessary admissions, cut down on readmissions and save money, the Times Union reports.

Most of the staff laid off at Ellis were in administration, not direct care, an official said. The three in mental health worked in the outpatient clinic. Reportedly, they were given notice on Wednesday and they were gone by Friday.

Overall, it's part of the squeeze on hospital economies now being felt in a number of ways. Starting last October the Centers for Medicare and Medicaid Services (CMS) began penalizing hospitals that readmit too many patients within 30 days of discharge due to complications.

The idea is to improve quality of care while also saving money. Hospitals are being assessed in three areas: heart attack, congestive heart failure and pneumonia. The heightened attention on hospital readmissions is part of the federal health care reform bill passed under President Barack Obama.

Hospitals around the country have been hit with penalties averaging around \$125,000 per facility last year, the Daily Gazette reported November 11. Nationwide, hospitals will lose more than \$280 million in Medicare funds over this year. Hospitals that serve low income patients will be hit especially hard.

And managers at some of the biggest hospitals in the land, like Johns Hopkins Medical Center in Baltimore, faced with multi-million dollar fines, are complaining loudly. They claim they shouldn't be held responsible for readmissions regardless of why they occur, when a patient checks into the hospital for a completely unrelated condition. But the managers are agreeing they have to learn to be more responsible for the behavior of their patients after they're discharged.

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Art, left, and Roy J starting out at Muni golf course Jan. 12

Our winter hikes, rides continue

This is our winter hikes, rides and events schedule updated Jan. 21, e-mailed to the clinics and group homes, YMCA residence and to many individual staff and consumers in mental health programs.

We've added basketball and hockey games on weekday nites to the Saturday schedule of events. These are trips for people served by the Schenectady mental health system or having a diagnosed mental health condition. NAMI Schenectady members will drive you in their cars to and from events. The person signing up pays for their own admission fees, equipment rentals and any refreshments. We try for free events and to get discount price tix.

We usually can transport six people. The idea is to get you out for socializing, exercise and to see or take part in events that you can't get to without a car. Come join us! We meet at a designated place downtown or at your house. You must sign up for these, giving your name, phone and address by the date scheduled.

Friday, Feb. 1—Union College hockey game at Messa Rink vs. Dartmouth, 7:30 pm. Sign up by 3 pm Thursday, Jan. 31. We've already bought five tix for good seats.. Driver is Art Collins, 372-0960. Meet at downtown library ahead of game or if a hardship, ask for pickup at your house. Tix \$12.

Saturday, Feb. 2-- We've cancelled downhill ski trip to Maple Ski Ridge. Instead, if there is snow, we will go cross country skiing at Schenectady Muni golf course. We pick you up at 12:30 at the downtown library and take you to Goldstock's to rent skis and boots if needed (\$15) or snowshoes (\$5). There is also sleighriding at the golf course. Call Roy Neville, 377-2619 before Sat.am.

Saturday night, Feb. 2-- Basketball, Univ. at Albany plays U. Binghamton at SEFCU Arena on U. Albany campus, 7:30 pm. Call Bob Corliss, 810-3150, for rides. Reserve by noon Jan 31. (\$12). Meet at downtown library or at your house. Pickup about 5 pm.

Friday, Feb. 15--Union College hockey at Messa Rink vs. Yale, 7:30 pm. We buy tix by Feb. 8. Driver is Art Collins, 372-0960. Meet at downtown library or as agreed upon, 6:15 pm. Tix \$12.

Saturday, Feb. 23—Trip to Gem, Mineral and Fossil show and sale at Empire State Museum, Albany. Tix are \$5. There is also a flower show, same place with magnificent displays, \$5 (both shows \$8)..Pick you up at 12:30. Call Roy Neville, 372-0960.

Thursday, Feb. 28--Capitol Civil War Tour "1862 - Red, White and Battered," 5:30 pm. NYS Capitol, Albany, free. Registration required. call Roy Neville, 377-2619. We'll try to coordinate this trip with counselors in the houses, who might supply a van.

Letters--

Tedisco wrong on guns

Although Assemblyman James Tedisco does not represent my Assembly district, I must express my astonishment at his recent statement opposing Gov. Cuomo's gun bill (Jan. 16 Gazette).

I can understand those who object to the classic Albany passage of a piece of legislation cobbled together in the back room, or those who believe the scope of the legislation may be an over-reach. I, for one, gladly accept all the restrictions on military-style weapons, their magazines and statewide screening. We live in a culture of guns which has gone off the deep end and sorely needs to be pulled back.

On the other hand, the Gazette quoted Mr. Tedisco as stating that possession of weapons is part of our freedoms and liberties and that possession of which "is there to protect us from our government."

Does Mr. Tedisco know of what he speaks? Those with some constitutional knowledge would argue that his comments are seditious--seeming to give support to home-bound terrorist activities against our government.

While some in this country at the time of the Revolution believed the Second Amendment protection afforded some protection against an overarching federal government, the only people who espouse that position today are the paramilitary types and private militias who believe there is some kind of international conspiracy to disarm the citizenry.

I believe that Mr. Tedisco owes us an explanation for his comments--which taken at face value--are more than troubling. --
Robert Corliss, Schenectady

News and Views

Snowbirds--Walter and Edie Morlock went on their annual hegira to Vero Beach area, Florida just before New Year's and Bill and Noreen Underhill also are said to have taken the trek south.

Relatives support group gave Kevin Moran a recognition party on Jan. 2 for the year-long counseling sessions he provides us every Wednesday evening inside the hospital. Patty C brought a cake, Art C baked cookies and all enjoyed the hospitality...Two of our members, however, not there and said to be not well: Len Zawilinski and Florence Napolitano--both of whom report strange ailments are keeping them down. On Jan. 9 Kevin's group watched and discussed a videotape in the brain series our NAMI chapter is showing in the public library currently-on depression and schizophrenia. At beginning of February Kevin heads for two weeks in Hawaii for vacation. **Folks: the two support group meetings of Feb. 6 and Feb. 13 are cancelled; we resume on Wed., Feb. 20...**

Bob Corliss, NAMI's forensic task force coordinator, met with Schenectady County Public Defender Marc Caruso, county Probation Director Joe Mancini, Community Services Board Director Darin Samaha and others to talk about proposed training of defense attorneys to better familiarize them about mental illnesses, treatment and the people involved.

Ellis lays off 70 *from page 6*

Hospitals in our area have already developed plans. Ellis identifies patients with congestive heart failure early in the admissions process and has a nursing resource specialist assess their risk of readmittance. If they are considered high risk, an appointment at the hospital's Congestive Heart Failure clinic is scheduled within three days of discharge.

Meanwhile, Ellis is the lead hospital in the health home program, in collaboration with the Visiting Nurse Service of Schenectady and Saratoga, Hometown Health and other community partners. The program serves Medicaid patients with chronic conditions, including some with serious mental illnesses, providing them with "navigators" who can help them find the services needed to maintain good health and prevent readmission, the Gazette wrote.

Much of Albany Medical Center's effort involves communicating with a patient's primary health care providers, as many of the hospital's patients are treated for serious conditions and then return home. Adoption of electronic medical records has helped immensely, they say. Albany Med also has a pilot project that provides high risk patients with "transition of care nurses," who visit patients in their home. Saratoga Hospital's effort to reduce readmissions involves working with primary care physicians, visiting nurse agencies and others to provide extra education and assistance to high-risk patients.

Gov's budget keeps EPIC coverage

Older people on low incomes will get a break in the governor's proposed state budget just announced. They will receive continued co-payment assistance offered through the Elderly Pharmaceutical Insurance Coverage (EPIC) program. EPIC enrollees include seniors who are at least 65 and are single with an income below \$35,000 or married with an income below \$50,000. The program is secondary coverage to the federal government's Medicare Part D program. After March the funding was scheduled to run out of the assistance, which ensures that nearly 300,000 people pay no more than \$20 for their drugs and as little as \$3 in some cases.

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.

Mary and Roy Neville, co-presidents Roy Neville, writer-editor

NAMI Schenectady
P.O. Box 974
Schenectady, NY 12301