

# NAMI-Schenectady E-NEWS

March 1, 2013

Nat'l Alliance on Mental Illness  
of Schenectady

## *Why we back NY SAFE Act*



It's two and a half months since Governor Cuomo's gun law, the SAFE Act, passed the legislature and was signed into law the same day, January 15. Pressure is mounting from retired police officers, city and county officials and hunting and sportsmen's clubs to amend or jettison the law. Reaction from advocates for people with chronic mental illness is more evenly divided. Any tinkering with the law will be difficult. Here's why we must defend the law:

\* The law makes us safer. It takes guns off the street. It bans sale or transfer of assault weapons and possession of newer ones restricted by the new criteria. It bans large magazine weapons and makes police officers register their older, now illegal guns. It tightens background checks for all gun sales including by private sellers and makes ammunition dealers do these checks, too. It requires safe storage of weapons from any household member who has been convicted of a felony or domestic violence crime, has been involuntarily committed, or is currently under an order of protection. It bans internet sale of assault weapons and increases sentences for gun crimes. It requires pistol permit holders or owners of registered assault weapons to have them renewed every five years. It allows law enforcement officials to preemptively seize a person's firearms without a warrant if they have probable cause the person may be mentally unstable or intends to use the weapons to commit a crime. For all these reasons the law works for NAMI families.

\* It will save lives by requiring doctors and therapists to report to the authorities dangerous statements made by a violently psychotic patient. This information will go into a registry. Doctors and therapists are already required to report immediate threats under existing laws. A search can be conducted of the person's residence to look for weapons and confiscate them. Only the expressions that make it clear the person is likely to cause serious harm to themselves or others will be reported. Our adult children should not fear that their meandering thoughts in an interview will be taken down and used against them. The law enables us to intercept someone unable to control his thoughts and capable of going on a killing spree like the ones making headlines last year. There are few options for us. Criminals will still roam the streets. But we will know that this law can prevent someone from acting on his delusions once he has a gun. It's a

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## *March Madness creeps in*



March Madness—NCAA college basketball style—is upon us. The sports world rivets attention on the big time college basketball powers like Indiana, Miami, Michigan, Syracuse and Duke. They're all fighting for the NCAA championship coming down to the wire this month. The faithful, joined spiritually once again with their old college buddies, call on the muddy waters of Ol' Cayuga to come across one more time. Give us a Hail Mary finish! they cry as they lay their bets and scream in delight at the madness of the season.

While they're betting, we thought it only natural to make predictions of our own. This is another gambling sport—the legislature and governor's office and how they negotiate the budget and legislative policies for health and mental health right now. And some related issues on the horizon for us.

We're going to forecast whether the state's Medicaid Redesign plans will get a free bill of health from the federal government.... Whether the governor's gun control law called the SAFE Act will stand or be amended. Whether the mental health budget will continue to fail to provide enough of the beds and treatment places that keeps violence from happening in our communities. We ask whether the plan to shift beds from state hospitals and nursing homes to localities is working; and when will they finally put an end to solitary confinement for mentally ill state prisoners. We make a stab at the way the state will worm out of the dilemma of keeping level 2 sex offenders in prison or a hospital. We talk about mergers and commissioners, hospital and bed closures and the success of the new health homes.

This is our third year in a row of writing our version of March Madness. If you realize more people with mental illness are in jails and prisons in our state than in hospital psychiatric beds for treatment you might reasonably conclude that's March madness, too. And the fact that doctors tell us they know how to treat these illnesses if only the hospitals and outpatient programs work together--but they don't do it. Only recently do the movers and shakers push for Medicaid managed care plans and health homes and the like as the avenues to cure us of this madness of a fragmented and disorganized system of mental health care in New York.

## *Governor's gun law will make it through*

Prediction: Gov. Cuomo's gun law has disgruntled cops by making them sell or give up guns with overly-big cartridge clips and register their police weapons when they retire. It also closes loopholes in Kendra's Law to make it more effective and forces doctors and therapists to report dangerous exclamations from

## Meetings and Events

Monday March 11 is the date for our NAMI Schenectady affiliate to have dinner at Center Stage Deli, our frequent noon hour lunch spot, at 3678 Hamburg St., Rotterdam. We will have Angelo Santabarbara, a freshman Assemblyman who serves in the newly configured 111th District including the southern part of Schenectady County plus pieces of Albany and Montgomery Counties, as our guest and speaker. Angelo served five years in the Schenectady County Legislature before winning election to the Assembly last fall. He's a graduate of Schalmont HS and University at Albany with a civil engineering degree. He works as a project engineer for a private local engineering firm. Angelo, who grew up here and lives in Rotterdam, is married and has two children. Dinner is at 6; come early and we'll have time to mingle beforehand for 15-20 minutes. We have tables reserved in the back of the restaurant. There's no need to reserve as we order off the menu individually.



*We dressed Kevin Moran as tourist with straw hat, dark glasses and pineapple upon his return from Hawaii vacation.*

## Relatives support groups

Two groups in Schenectady-- We have a relatives support and education group that runs every Wednesday evening at 6 in the Psychiatric Dept of Ellis Hospital. It is led by Kevin Moran, a social worker on the inpatient unit. Kevin has been leading this group for more than 15 years. Call ahead if you are new to the group (243-4255). These sessions are for the parents and other relatives of someone with a mental illness, not the ill person himself. We meet in a circle for conversation and counseling with Kevin. Park in the hospital garage and walk through the main corridor to the central elevators. Go to third floor, turn left off the elevator and walk to the B wing where there are signs on the wall pointing to the classroom.

A second support and education group is led by Frank Greco at the CDPC Franklin St. Clinic at 426 Franklin St. downtown. You should call ahead to confirm there will be a meeting that night. (374-3403). Meetings are held in a first floor classroom. Park on the street.

## DBSA for depression and bipolar

This group is for consumers of services. It is led every Thursday evening at 7 by Kathryn T. whose phone number is 346-8817. Meetings are held at Grace Lutheran Church, 1930 Hillside Avenue, Niskayuna and these have gone on for about three years. Newcomers diagnosed with depression and/or bipolar are always welcome. You do not need to call beforehand.

## Why support gun law *from page one*

Furthermore, the SAFE Act strengthens Kendra's Law, the Assisted Outpatient Treatment law (AOT), making it the most vital protection that families have when confronted with a loved one who is violent and out of control. It stretches the law two more years until June 30, 2015 and extends court orders from six months to one year; it calls for a patient to be evaluated after hospitalization or leaving jail, a crucial time for someone delusional, and follows a person from one county to another. It also requires the reporting of someone's declaring during interviews that he will likely cause serious harm to himself or someone else. That should help close the loopholes in Kendra's that has drawn criticism from our own members. Studies in NY show that Kendra's Law reduces hospitalization and lowers likelihood of arrest.

## News and Views

Cindy Seacord is candidate to become a trainer for Family to Family, a 12 week NAMI sponsored course open to parents and others. She's ready to take a weekend of training at the Mount Ararat, Greenville, Greene County site when it is offered in May but needs a second person to volunteer to assist with the program and also be trained. Please: someone step up and contact Cindy on 374-8071 eves so we can go ahead with this program.....Sadly, we report that Rosemary Schaub, 53, a consumer for a long time in the mental health system of care here, died February 16. Rosemary took part in events at Collage Club. At the time she died she lived at Emmanuel House. For details call Glenville Funeral Home.... Our Brain Series of videotapes, shown in the downtown public library in January and February, are available on loan by calling Roy or Mary Neville, 377-2619. The tapes deal with schizophrenia, depression and other major mental illnesses; are suitable for individuals or groups to borrow including staff in local programs. Two week loan period--we'll drop off the tape with you and you return it after use. We plan another library showing of the tapes in May. Kevin Moran's group will show them, too....

U Matter is the name of a 12-weeks' door to door survey of needs that exist in each neighborhood, begun Feb. 23 and running each weekend. It is sponsored by Coalition for a Healthy Community, with Ellis Hospital coordinating the survey teams. Some 150 questions are on the survey form which can be submitted via the internet. Results will help determine different health needs in our neighborhoods and lead to planning initiatives. Contact Erin Buckenmeyer, coordinator, 831-7073 for details. We want people to tell about mental health needs in our community...

Cuomo blocks mentally ill from living in adult homes--Controversy surrounds governor's effort to reduce numbers of people with mental illness in privately run adult homes to no more than 20% of the home's residents. It's estimated about 6,000 people, mostly in NYC, may need to find alternative housing if put out of the homes...NYS Commission on Quality of Care at 401 State St. downtown is likely to be removed as the oversight agency for the state's Protection and Advocacy program for people with disabilities. The governor has proposed it be replaced by Disability Rights New York (DRNY), a new nonprofit created by Disability Advocates, Inc. of Albany. Hearing on April 9. Question: What happens to the people working at 401 State or status of the building? Disability Advocates Inc. has been a champion for people with disabilities....

Governor's budget calls for an end to "prescriber prevails" for the newer atypical antipsychotic medications mainly for schizophrenia.

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## *March Madness* from page one

their patients, mentally ill or otherwise, made in confidence. The law won't lead to more beds or treatment slots, despite the cries to reform mental health care after the Conn. school shootings. It will survive with only minor amendments despite a raft of court suits being thrown at it. Odds: 4 to 1.

Halt to health homes and managed care plans: Last fall NY State asked the feds for \$10 billion more to extend its ambitious Medicaid redesign plans to improve efficiency and save waste in hospital critical care and mental health admissions and the like. It has had a tough landing where a nasty GOP bunch in the House has now directed a federal audit of NY's Medicaid spending, centered on outlandish costs for overnight patients at its developmental disability centers (\$4,500). They claim NY has overcharged the feds by \$15 billion over a decade. New York is now ordered to pay money back and that will be taken from the anticipated funds that NY's Medicaid waiver plan hoped to receive. Thus, not only will future plans for the developmental centers be upset but the funds in the current budget for mental health housing, hospital care and community treatment are likely in jeopardy. Signs are already on the wall with Ellis Hospital laying off considerable staff the past month. Say goodbye to progress in health homes. Will NY take a licking? Yes. Odds: 5 to 1

Year 2014 kicks in the President's Affordable Care Act and its broad extension of Medicaid in New York to rope in tens of thousands more patients and clients whose incomes fall within a higher range. The ACA will have momentous impact on everything that's done in health and mental health care in NY. It requires companies to offer nearly full parity for mental health insurance coverage with other health benefits in the same policy. The heroic Domenici-Wellstone parity law passed in 2008, but still hasn't seen the light of day. (NY has its own parity laws, too, but there are loopholes.) The ACA, dubbed Obamacare, will replace the frenetic efforts of state planners to rush Medicaid home health plans and behavioral health organizations into place, part of the shiftover to managed care for all who receive Medicaid. Will they get it done on time? No chance. Odds: 6 to 1.

## *Unfunded Mandates*

Governor Cuomo's poll ratings fell off the wall after state Democratic Party co-chairperson Stephanie Miner of Syracuse told him off this month for those unfunded mandates the governor is so fond of. High costs of employee pensions, health insurance and salary protections are bankrupting local school districts, as we see here even in wealthy Niskayuna, and municipalities are feeling the heat, too. The governor didn't address these things in his budget and should have, Ms. Miner charges. Outcome: Aside from minor adjustments, the governor will plead near bankruptcy himself. He's got Hurricane Sandy cleanup to think about. Odds: 3 to 2, no action.

Governor's Sage Commission released its study of governance in health and mental health fields, calls for merging five state agencies into one whopping superagency. This would put DOH, OMH, OPWDD, Office for the Aging, and OASAS together with Health the big enchilada. That's the same agency that has a sorry record trying to run its own programs. This won't happen. Odds: 10 to 1.

The same commission calls for merger of Alcoholism (OASAS) and Mental Health (OMH) agencies, a chestnut it pulled out last year, too. No go, despite the fat in each of them. They are two separate constituencies. Odds: 4 to 1.

Former NYS mental health commissioner Mike Hogan will take a book deal—better than going back to work in one of the starved state mental health bureaucracies like California. He'll buy a Chincoteague pony if he vacations down there again—you can't pass them up twice.

## *Back to solitary confinement*

Solitary confinement is supposed to have ended for all but a smattering of unruly state prisoners with serious mental disorders, but it hasn't. We have an example in Schenectady of a man shifted from shock treatment at Willard drug rehab center to Five Points Correctional Center and shoved into solitary upon his arrival. Why can't Correctional Commissioner Brian Fischer stop this? He can't—the prisons are laws unto themselves. They rule on who can visit and when, what mail comes in and goes out, who gets the worst food and the worst detail. They're rude to prisoners' families. And they continue to discriminate against the mentally ill who serve longer sentences than others for the same crimes.

Sex offenders—they're bankrupting the state, there are so many of them. Courts have ruled the state can't keep them in prison after their term is up and must hold hearings before then on their disposition, rather than hold them behind bars. Some are shipped to state hospitals but the state is running out of beds and they're taking all the beds intended for mental patients. The answer: Try some serious rehabilitation and stop harrying the least serious offenders. Will the NY Legislature change things? No. It prefers wasteful, costly and vindictive policies.

Ellis Hospital PROS—the personal recovery oriented services program adjoining the Ellis mental health clinic--Will it survive the cuts and lackluster performance so far? Maybe. Odds: 50-50.

Ellis Hospital management is looking at it, and recent management changes will affect PROS along with the clinic. They say these programs don't have an assured place any more in the galaxy of community mental health services.

Will more state hospitals close? Yes, one or two. Odds: 3 to 2. The governor is setting up regional centers of excellence while taking down some of the hospitals but it will take time to engineer this. The hospitals and unions will fight to stay open. And it's a hot potato for the governor to chance losing more upstate votes after those he's already losing on gun control.

Schenectady County is badly lacking in enough housing for people with mental illness. There are waiting lists in all programs and the new Health Homes initiative flounders without more housing units to place people in. Will there be more residence and apartment beds for Schenectady? Nope. While the Gov's budget authorizes more beds for community mental health this year than ever before, Schenectady won't get any. Most of these plums go to NYC and we're not pushing hard enough in this county.

Is the state speeding up closing beds in state hospitals and nursing homes to move patients into the community? Not likely. There isn't any room in the group homes and apartment programs we know of. And the sex offenders and more dangerous types of patients can't be released safely to the community.



Art Collins, right, at gem show in Albany

## ***NAMI hikes and rides continue but where are the consumers?***

When we began hikes and rides for the consumers in January we knew it wouldn't be easy to get people to change their ways and volunteer to come out for exercise on a cold day. We've now run the program eight weeks, consisting of cross country skiing and snowshoeing, tubing and even an offer to make snow sculpture; we've arranged visits to museums here and in Albany and to go birding and to college basketball and hockey games. None of these drew more than two persons. So we're disappointed.

Where are all the snowshoers, sky divers, downhill racers and energizer bunnies? Well, you know if you're a couch potato. We're hoping things pick up with you as spring rolls around. We'll have more and better trips. Schedule for the next few weeks follows. This is distributed each week to program heads.

**Friday, March 1**—Hockey game—Union College vs. St. Lawrence Univ. at Messa Rink, 7 pm. We buy tix by Feb. 26 so we can sit together. Call Art Collins, driver this week, 372-0960. Pick you up 6 o'clock at the downtown library or at your house.

**Saturday, March 2**—Cross country skiing at Schenectady Muni golf course if there is sufficient snow cover; otherwise we can go ice skating at Glenville ice rink; or take a hike on the bike path at the Nixkayuna railroad station. Driver to be announced. . Pick you up at the library downtown at 1 pm.

**Thursday, March 7**—We pre-registered six persons for Capitol Civil War Tour "1862—Red, White and Battered," 5:30 pm. NYS Capitol, Albany, free. Call Roy Neville, 377-2619. We'll try to coordinate this trip with counselors in the houses.

**Saturday, March 9**—Hike on the bikepath at the Niskayuna train station and at Lock 7 Preserve Park . 45 minutes easy walking. If there is snow cover we'll again try cross country skiing or snowshoeing, or ice skating as people desire. Call Roy Neville, 377-2619. Meet at downtown library 1 pm.

**Saturday, March 16**—We'll try an alternative hike at one of the parks in the area, same schedule as for the previous Saturday. Call Roy Neville, 377-2619. Pick you up at 1 at the library.

**Saturday, March 23**—Same as for the previous weekends. We'll hike if dry at one of the area's nature preserves or parks, or go cross country skiing or snowshoeing if conditions permit. Call Patti Costa, driver, 383-9047. Meet at the library at 1 pm. .

## ***PROS passes 2-year mark***

That fidgety staff that started on a crash course to open Ellis Hospital's PROS program two years ago on February 1 are now veterans with a track record. PROS is an individualized training program for recovery, with group classes and individual counseling, open to people over 17 in the publicly assisted mental health system here. We asked Rich Angehr, program manager, four questions: What are strengths and weaknesses of the program after two years; which of the goals have been reached, and how can families help in supporting the work of the program.

Rich wrote: "Currently the PROS program is doing well. We are at or near our capacity. We frequently receive positive feedback from our participants. We are updating our group offerings three times a year to meet the needs of our participants. At least nine of our participants are currently offering a range of social-recreational activities in the program including beading, reiki, fitness, diabetes education and other groups that enrich people's experience during the program day. We have seen real achievements in the areas of securing employment and pursuing education. These are all consistent with our program goals.

"The main weakness that I currently see is related to community integration which is a key element in any PROS program. While we are going out in the community for social-recreational events, I believe we could be exposing people to more opportunities relevant to their life goals, e.g. trips to colleges, places of employment, resources for securing benefits, etc. We could also bring the community into the program more, for example, having speakers from various community resources come to PROS groups or teach some specific skills.

"I think that family members could be particularly helpful in the last area. Are there family members who could speak about their jobs, services in the community, financial management, hobbies, clubs or other interests? Would they be willing to speak with groups or individuals that are interested in learning more? We very much appreciate the events and activities that NAMI has planned and we have promoted in our program."

Rich also supplied answers to further questions:

\* Our capacity is 182 and we expect to hit that this month  
\*New groups were launched on Feb. 4 and will run for four months. We will start another cycle in early June.

\* The nine participants I referred to are PROS recipients who are leading groups in the areas I mentioned..

\*Re: employment and education, 19 individuals in PROS secured competitive employment in 2012, and 31 enrolled in an educational program during the year. In addition, 24 moved into independent housing."

Neville comment: OK, family members, all of you with some expertise in what you do or have done on the job; what homemaker skills you have, what hobby skills, what training you can impart: this is your chance to come forward and volunteer to speak to the groups or work with individuals in PROS. Contact Rich Angehr, 831-6960 at PROS. If you want to do it together with others in NAMI pls call Roy at 377-2619. We'll try to make it a program that you work out in combination with others. We can supplement what their teachers are doing in their groups. PROS is now the main social and rehabilitation program for 180 people in the system in Schenectady. Pls think of how you can help out.

## *Ellis Hospital--on layoffs and losing money*

*(After we wrote in the Feb. 1, 2013 E-News that Ellis was laying off 70 employees, we asked the hospital to confirm this number. They didn't but sent a January 14 release by way of answer. Here it is with our comments following it)*

Like all hospitals, Ellis Medicine continues to face prolonged and serious financial challenges. These challenges are primarily brought about by significant ongoing reductions in state and federal reimbursement for the care we provide. Washington is also considering additional and very substantial cuts in Medicare and Medicaid. We believe it is not a matter of *•g•h* but when and how deep these cuts will be. Other factors include the higher cost of delivering that care; an increase in the number of patients who are unable to pay for the health care they need; and the unstable economy.

Operating in a financially challenging and quickly changing health care environment Ellis Medicine continually the organization to better meet our patients and community's needs. We constantly re-evaluate our work and our processes and look for ways to reduce costs. We add positions where needed and reduce positions through vacancies and retirements in other areas in an on-going effort to provide the best care possible and at the same time be as efficient and effective as we can.

This is an ongoing dynamic process. As we eliminate vacant positions and create new positions for the future there may be some positions lost in the first part of 2013. Direct patient care positions are not affected. Ellis Medicine and its workforce of more than 3,300 employees and nearly 600 affiliated physicians will continue to always put its patients first. We are focused on meeting the health and wellness needs of our community, while ensuring that we remain strong and well positioned for the future.



*The big hole in Ellis's backyard for a new ER.*

Comment: No layoff numbers here--just mention of eliminating vacancies. We did learn that layoffs are proceeding, not over with. And we find that workers feel tenseness at the hospital because of it. We might notice, too, that hospitals like Ellis have a huge workforce to care for patients three shifts a day--with a ratio of more than six staff for each patient. And something not mentioned here is that Ellis continues to grow--it has an Urgent Care Center in Clifton Park besides three campuses in Schenectady and several primary care locations in the area. You might say it's a full service hospital, like a supermarket, with specialties it offers like bariatric care, cardiology, orthopedic surgery, radiation and advanced diagnostic services, pediatric and mental health care. Ellis also has a huge construction project at the main campus to expand its ER. All this might sound odd since the state is earnestly trying to reduce numbers of beds and patients in hospitals, and replace them with community care beds.

## *On living within your means--Opinion*

We wrote last time that we could think of two reasons for hospitals like Ellis to be losing revenue, besides the usual ups and down of the balance sheet: first, a Medicare rule that requires them to put some patients in "observation status" if they don't stay at least three consecutive days as an admitted patient—which lops off most of the hospital's daily reimbursement rate and disqualifies the patient from paid coverage for further rehab treatment; and second, a Medicaid rule that hits hospitals with big dollar penalties if they readmit too many patients within 30 days of discharge. (see NAMI E-News February 1)

There's a third reason which is even more obvious than the first two. Ellis has to release patients as soon as it can if it is to be paid by Medicaid, Medicare or the other insurances. That's the squeeze it now faces, just like the rules about observation and the penalty for above-average readmissions in less than 30 days. It's why the hospital will discharge someone who still might qualify for further medical attention. This leaves a certain amount of patients who will relapse or show bad side effects; or some for whom the medicine doesn't work and the dose has to be adjusted. The outpatient clinic is where this can be done, according to the government's new way of looking at things. But what if the patient refuses to take his meds, or fails to keep his appointments?

These patients are the most likely to show up at the hospital emergency room door once again. They will subject Ellis to the 30-day penalty if they are part of a large contingent doing this. So the upshot, from what we hear, is that the hospitals are changing the way they do business. They must make sure the patient takes his meds, keeps appointments, and gets the followup care that's called for. The way to do this, some hospitals are finding, is to assign nurses and social workers to visit patients in the home, and keeping after them more scrupulously on the phone about dosages and appointments to followup care. (See Daily Gazette story Nov. 11, 2012 for further elaboration.) The questions then are: If the patient relapses in that period and comes to the ER, is it the hospital's fault and is the insurance going to stop in his or her case?

Everything the hospital does is now so extremely costly, just out of this world. So people are screaming at the rates and Medicare, Medicaid and insurance companies are refusing to pay anything they don't have to, with the new rules they're applying.

Any kind of illness or injury is a tricky business to treat properly. The doctors are human and the hospital operates within a state of the art and its own sphere of competency. And the course of psychiatric illness is unpredictable. So how can we expect treatment to work right off for everybody? We see symptoms flare and fall back without explanation. The best practitioners can misdiagnose somebody since there is no sure-fire way of analysis. Nevertheless, the government is going all-out to reduce the high cost of inpatient care. Policy makers and hospital managers now realize they have to cut mental health treatment costs drastically, and they are putting these policies to work at Ellis Hospital.

More on Ellis on back page.

## Letters—Support for Gun Law

To the editor, Daily Gazette:

Your Opinion writer Daniel Weaver (Feb. 9 Gazette) goes ballistic against Governor Cuomo's gun law, comparing the governor to a fascist leader who would make the trains run on time. Weaver also has weird ideas that Cuomo got the bill rammed through because he "was trying to appease legislators who support the NRA," and passage of the SAFE Act "has only increased the stigma of mental illness." Both assumptions are wrong.

Weaver fails to look at the wording in the law and understand its intent. The fact is there is a small fringe of very dangerous people among the psychiatrically ill who pose a serious threat to the rest of society. These individuals are the ones most likely to carry out rampage killings like the shooting of Connecticut schoolchildren, or push people in front of subway trains in NYC. It's the intent of the law for doctors and therapists to intercept those delusional people who present to them with expressions so psychotic and threatening they have to be reported.

The wording in the law makes clear we are not talking about random expressions of those being interviewed: "Mental health professionals will be required to report to mental health officials when there is reason to believe a patient is likely to engage in conduct that will cause serious harm to themselves or others."

State and federal laws already establish the duty of professionals to report individuals who threaten direct harm to others, stemming from the Tarasoff law in California in 1976. That case established that "protection of the confidential character of patient-psychotherapist communications must yield to the extent to which disclosure is essential to avert danger to others." In other words, the practitioner has a duty to the intended victim as well as the patient, and the duty to save a life is paramount.

Whether the new law will deter some people from coming in for an interview isn't clear. It's not as crucial as saving a life.

Roy Neville, co-president, NAMI Schenectady

## News and Views *(continued from page 2)*

This is repeal of the current rule, won by advocates last year, that lets prescribers have the brand name drug of their choice. Now the state wants to limit these meds, only allowing certain doctors the privilege of a gold card to order drugs not on the formulary. It's a step back, opposed by advocates...NYS Office for People with Developmental Disabilities (OPWDD) got whacked in latest 30 day amendments of the governor's budget. Governor said NY admits to overcharging Medicare for years for the state's developmental disability centers and will pay back \$500 million. Of this, \$120 million will come from OPWDD's budget and an additional \$380 million from Medicaid programs. Cutbacks could affect housing and treatment in mental health; they're now subject to more budget negotiations...

John Gardner of Center for Independence in Schenectady City Hall plans to start basic computer training for six weeks starting March 15. It will be taught on Fridays from 11 to 12:30 and include information on applying for jobs and filling out resumes. Course will be held at the YMCA residence computer room, 13 State St. Call John (459-6422) to register--it's free. Ed Kowalczyk is the YM residence manager--you could also call him.



## Advocacy--Bills in Congress

(From NAMI NYS website):

Ask your members of Congress to cosponsor important legislation promoting jail diversion. Senator Al Franken (D-MN) and Representative Richard Nugent (R-FL) recently introduced H.R.401/S.162, the bipartisan **Justice and Mental Health Collaboration Act (JMCA)** to renew the successful Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA). The JMCA extends this program and helps criminal justice and mental health agencies work collaboratively. The bill extends for five years the authorization for grants for mental health courts and CIT programs; authorizes investments in veterans treatment courts, increases focus on corrections-based programs.

\*Support The Excellence in Mental Health Act and The Mental Health in School Act. Paul Tonko is our House representative. His address is 422 Cannon HOP, Washington, DC 20515 (phone (202) 225-5076 and email address is <http://tonko.house.gov/>. Local office is in City Hall at 105 Jay St., Room 15, Schenectady 12305. Phone: 374-4547. Cora Schroeter will forward your message. The Excellence in Mental Health Act would establish criteria for the designation of healthcare facilities as Federally Qualified Community Behavioral Health Centers, giving them the type of Medicaid reimbursement as Federally Qualified Health Centers.

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**Call Senator Schumer at (202) 224-6542 and Senator Gillibrand at (202) 224-4451 and tell them to sign on to the Excellence in Mental Health Act (Senate Bill S. 264).** Advocates can also contact their Senators and House member through the Capitol Switchboard at (202) 224-3121.

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**Ask Representative Paul Tonko to Cosponsor the Mental Health in Schools Act.** It will expand access to mental health services in schools and establish a grant program to support schools that work with community-based organizations to expand access to mental health services for students. It will also provide assistance to schools to train staff, volunteers, families, and other members of the community to recognize signs of behavioral health problems in students and refer them for appropriate services.

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If sequestration can't be avoided March 1, we face cuts in supportive housing. As many as 125,000 Section 8 rental assistance vouchers, many of which help people with serious mental illness--would be at risk if Congress does not act. In addition, a \$100 million cut to programs under the McKinney-Vento Homeless Assistance Act would cut short existing rent subsidies for supportive housing units and pull the rug out from state and local efforts to address homelessness.

# *Advocacy--Housing is # 1 demand*

The governor's budget calls for startling increases in new mental health housing. While there are no increases in licensed housing funded by the Office of Mental Health, the budget creates 400 new beds by end of 2014 for people in nursing homes; develops 1,400 beds by end of 2014 for people in adult homes located in NYC; and develops 634 beds by the end of 2014 for the homeless in NYC. In addition there is several million dollars budgeted for the Medicaid Redesign Team's targeted money for supportive housing, some of which will go for those leaving state hospitals and nursing homes.

All that is well but most is earmarked for NYC. Despite the liberality of the planning elite in the OMH they've never outlined the kinds of housing needed by the various populations of seriously mentally ill people. We have young persons transitioning from adolescent to adult programs who can't find housing; middle aged people in supportive apartments now needing tighter supervision in a group home. We need apartments grouped in the same building or near one another so visiting staff can be efficiently employed; and we need homes with lots of structure for older patients with dementias like Alzheimers.

Lack of a decent place to live is on the minds of the parents who speak at the weekly relatives support group inside Ellis Hospital. They tell of their adult children who drop out of college or lose their job after suffering a relapse. They can't pay rent and so live on the street temporarily or move in with the parents. They and their parents don't even know where to start looking because the usual places for single men or women to live, like bachelor halls and adult homes, or subsidized housing with its waiting lists are fewer now and full. The YMCA residence has over 180 men living there and some movement in and out each month but won't take any new tenants after April 1.

Bethesda House and the YWCA are full. Mohawk Opportunities reports waiting lists of a few people at each of its group residences where the wait is long; and 25 waiting for a bed in its supported apartments. RSS says there is a waiting list for all of its programs. At River Street apartments it is four persons while 25 wait for one of the scattered site apartments. The YMCA says it has 33 people waiting for a room.

Housing is the most critical issue needed by health home providers, a program manager asserted. Of 5,000 people they are enrolling in our county, 10 percent are in need of housing, he said. Their stories are agonizing. One young man with paranoia was living in his car and was told by the health home nurse/navigator they couldn't find any housing for him. Nothing could be done. The City Mission is full. They've been going to Albany to homeless shelters, he said.

Sue Aiken of the county Office of Community Services, the SPOA officer (single point of access), also provided waiting list information on publicly assisted mental health housing in Schenectady. She wrote that there are 146 people waiting for beds. I sent this with data on numbers of apartments and group residences in the system to each of our state assemblymen and two state senators for our area. They asked for the data when we visited them Feb. 5.



*Lou Magliocca talks to parents at NAMI lunch at the YMCA*

## ***Kevin Pausley, Lou Magliocca are speakers at NAMI lunch***

County Probation Supervisor Kevin Pausley told about his job which includes advising the city and county court judges about clients with mental illness at the February 11 NAMI lunch meeting. We met in the downstairs meeting room of the YMCA Center City and had a catered hot lunch from Homestyle Pizza. Lou Magliocca, executive director of the Schenectady YMCA, also spoke about their plans to rehabilitate 845 Broadway into 155 studio apartments for the men living at the current Y residence at 13 State Street.

Kevin said he and another probation officer screen people coming into court for supervisory issues while Sue Morgan of Ellis Hospital, also part of the team, screens people for their mental health condition. Some were coming into the city alternative treatment court (mental health court) that day, Kevin related, and the team was describing what services would be needed for each person.

He mentioned the Connect program, a grant to the county, that was used to train probation staff, treatment providers and court personnel to explain the criminal justice system. Now we have a shared services program to evaluate people coming into probation with a criminal background, Kevin said. Also, we have a peer group started in 2007 that does advocacy for their peers. They work with people setting goals and then connecting them to a probation officer.

People in the city alternative treatment court have a charge against them--they're given an alternative sentence and let out of jail if they keep up appointments and don't reoffend, he said. We keep them in the program about a year. We have about 15 people in city court and 15 in county court. They've pled guilty to a felony charge. Ordinarily, they'd be in county alternative treatment court. Asked if the county was going to expand mental health courts, Pausley didn't answer directly but said he saw more people on probation recently. They're put into pre-trial release. Kevin also said they screen for drugs as many of these individuals have co-occurring disorders. Some are already going to drug court. We try to reduce the likelihood they will do street drugs, he noted.

Lou Magliocca said the men were elated at the news they would have a building to move into in about a year. Construction was starting now, he said, with roof work. Parking would include a side lot for trucks and buses and a cutout would be made in front of the building for bus stops. The apartments would have a bathroom, dinette and kitchen, and men would pay the same rent as now--\$380 to \$400 a month plus \$200 for meals.

## ***Ellis Hospital & its growth complex***

Look up Ellis Medicine--the corporate name for the hospital and its complex of campuses and facilities--and you will see what an empire this has become. As conglomerates go this should be good news--as larger scale means more profit and efficiencies. But little do the humble residents of Schenectady realize how grand is the vision for this modern megalith. Ellis has become a hometown miracle--with its new Urgent Care Center in Clifton Park next to the Northway; its medical home at the McClellan St. campus, its primary care centers dotting the landscape in Schenectady and surrounding towns.

The so-called medical home at former St. Clare's campus has a smorgasbord of family health services--listed as primary care for adults and children including exams, immunizations, sick visits, followup care, ob-gyn care and other referrals; plus pediatric care--mostly checkups; routine dental care consisting of teeth cleanings, fillings, extractions and the like; and mental health services for children and adolescents. All to the good--but because the dental clinic doesn't do more complicated work, it leaves many public-pay clients like our adult children with mental illnesses, without the serious dental work like crowns or major extractions the rest of us enjoy. And there is no adult mental health care while staff at Ellis's Lafayette St. clinic fret about lack of space and the urgent need to move. So where is the medical

home? Combining physical and mental health care on the same campus was the prime objective of medical homes as originally proposed several years ago.



**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](mailto:rneville@nycap.rr.com). If you don't want to continue the E-News, tell us. Back issues are on our website: [namischenectady.org](http://namischenectady.org) and can be downloaded in pdf format.

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