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NAMI-Schenectady E-NEWS

National Alliance on Mental Illness

July 1, 2014
Nat'l Alliance on Mental Illness of Schenectady

Move-in day for men at YMCA

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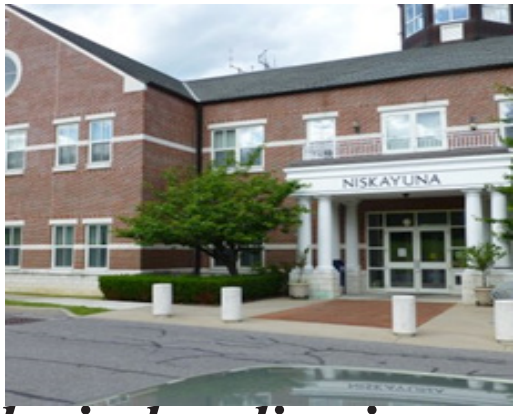

Nisky judge dismisses case of fake bomb threat by man with history of mental illness

(This story pieced together from interviews, newspaper accounts and court testimony June 18.)

Here's a story that may embarrass the police, embarrass a hospital for letting a mentally unstable man out into society without proper safeguards, and embarrass doctors who pass out medicine without seeing that someone takes it. All these things are present in a case resolved in Niskayuna town court June 18 when Joshua Usher, 21, went before Judge Stephen Swinton and had his case dismissed.

Judge Swinton had the good sense to recommend that Joshua get mental health treatment on the basis of mental evaluations presented by the defense. But the judge fell short of ordering the county to find this homeless man a place to stay, at least for the night, and insist on a program to keep him in treatment, such as Kendra's Law, probably available to someone like Joshua.

The way this started appears to be a case of Niskayuna cops becoming super cautious after being called to the Target store in Mohawk Mall the afternoon of June 3. A woman saw a man place a bag, either a backpack or travel bag, outside between Target and another building and thought it suspicious. The police might have checked its contents—after all, finding a bag outside a store is common enough. But this is only slightly more than a year since the explosion of two bombs inside bags left near the finish of the Boston Marathon, killing three and injuring 264 people.

The police called out the state's bomb squad. They ordered customers and employees out of the big Target store and its neighboring shoe store, closing the stores for about two hours

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Tonko/Barber bill blocks crisis care for seriously ill

US Rep. Paul Tonko

By D.J. Jaffe and Irene Turski (Commentary article in Albany Times-Union published June 11 titled "Politics Imperil Treatment." DJ Jaffe is a former NAMI national and NAMI-NYS board member and now executive director of Mental Illness Policy Org. Irene Turski of Buffalo is president of NAMI-NYS. The article has been shortened slightly.)

The murder of seven people in Santa Barbara, Calif., by someone with a mental disability, and recent stabbings in New York City, have again raised concerns as to how we can best help people with serious mental illnesses and avoid tragedies.

It has particular relevance to Albany because upstate U.S. Rep. Paul D. Tonko and four other Democrats recently introduced the Strengthening Mental Health in our Communities Act as a Democratic alternative to the bipartisan, Helping Families in Mental Health Crisis Act. The latter bill, introduced by Rep. Tim Murphy, R-Pa., has 57 Republican co-sponsors including New York Reps. Chris Gibson, Michael Grimm and Peter King, and 28 Democrat co-sponsors including New York Representatives Steve Israel, Hakeem Jeffries, Charlie Rangel and Carolyn McCarthy.

Tonko should not be infusing the debate with partisan politics. He should support the bipartisan bill because it is the one most likely to help people with serious mental illness, save money and prevent violence.

See Paul Tonko response page 4

The Murphy bill requires the federal government to start focusing on the most seriously ill, rather than just the highest functioning. It provides states funds to implement their version of Kendra's Law. Kendra's Law is for a very small subset of the most seriously mentally ill who have already accumulated multiple hospitalizations, arrests, episodes of homelessness, or violence due to going off treatment. It allows judges to order them to stay in six months of monitored treatment as a condition of living in the community and order the mental health system to provide the treatment.

New York's Kendra's Law has cut the odds of arrest by two thirds and cut costs in half by replacing expensive inpatient commitment, hospitalization and incarceration with less expensive community care.

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Meetings and events

We won't be meeting for lunch in July or August. Next NAMI Schenectady lunch meeting will be in September. In the meantime, we have two events lined up: 1) we plan to invite consumers to Jumping Jacks, Scotia, for supper combined with a concert at Freedom Park next door on Wednesday, July 16. The band that night is The Audiostars, playing party rock. We've heard them before and they're good. The plan is to pick up people in our cars and in a van from the Ellis mental health clinic parking lot at 4:15 and take them to Jumping Jacks. We'll have supper together at the tables. After supper if people want to go home early or stay for the concert, we'll take them home. First thing is for us to get PROS to approve and post our notice on the bulletin board this week. We can invite 22 consumers and three staff accompanying them—at $10 each—for supper. Concert starts at 7 pm. The idea is to have our family members sit with the young people and staff members and get to know them better. It's a night out for the consumers and the music is superb. Others may want to join us—we can sit together but we won't be able to cover the cost of supper.

2) Our annual summer barbeque at Schenectady's Central Park is being arranged now. We've sent a check to the Parks and Recreation Dept. to reserve the pavilion for Friday, Sept. 5 from 4 to 8 pm. It's not confirmed yet—we couldn't get any Fridays in August. When we have a date we will send invitations out. This is our only fundraiser and so we invite members of the public as well as those involved with mental health. We'll have live music and karaoke for those who show no modesty when they sing. Lots of games such as water balloon throwing contest, musical chairs, watermelon seed spitting--and prizes.

Relatives mental health support groups continue to meet here over the summer. Kevin Moran at Ellis and Frank Greco at the Franklin St clinic are the counselors leading these groups. Kevin's group meets at 6 pm every Wed night in classroom B-3 inside Ellis Hospital. You can call him ahead on 243-4255 if you are new to the group. These are conversational groups providing free counseling to those attending. Each person gets a chance to tell about their situation living with someone or in close proximity to a relative with a serious mental illness. You don't need to live in Schenectady County or have had a family member hospitalized at Ellis to take part. Park in the parking garage, walk through the main floor corridor to the elevators and go to third floor. Turn left, west off the elevator and follow the hall to classroom. See signs on the wall. Frank Greco is counselor for the program at CDPC clinic at 426 Franklin St. which meets as-needed on Monday nights, 5;30 to 7. Call ahead on 374-3403. Frank also runs a support group in Albany at CDPC on alternate Thusday nights. Call 447-9611 x-4512.

Consumer news: Consumers can check the Schenectadypeer.com website for latest activities of the PEER group (see info@schenectadypeer.com). The PEER group continues its live YouTube Google-plus hangouts on Sunday evenings at 7 where they discuss things mental health-related and community activities happening "live" on the internet. To join them—call Celeste Trotz on 374-9753. PEER advisory board meets first and third Fridays at 1 pm at Apostrophe Coffee in Proctors Arcade (also join them). Ellis mental health crisis line is 243-3300. Dual Recovery Anonymous support group meets Thursdays 5:30 to 6:30 at Conifer Park Outpatient at 600 Franklin St.

Personal news--NAMI member Jeanne Derwin Butler has come back to the area after receiving treatment for amyloid cancer. She asks our prayers in her battle to survive this illness.

Dr. Lloyd Sederer: Person-centered care in the picture for mental health

(Talk by Dr. Lloyd Sederer, chief medical officer of the NYS Office of Mental Health, on the Future of Mental Health Care, at NAMI sponsored forum in the Schenectady County Library on June 24.)

The state Office of Mental Health's top doctor, Dr. Lloyd Sederer, has a vision of the future for public mental health care: It should be person-centered, not doctor centered; provide care outside the walls of the clinic, be immediately available for those in acute distress, and same-day for appointments or home visits. The emphasis should be on settings that are not stigmatizing and the role of care managers and patient navigators should be to help vulnerable people understand how to engage and remain in care.

Dr. Sederer was speaking on the future care system at a NAMI-sponsored forum in the Schenectady County library June 24 before about 35 persons. The talk was given in cooperation with the county Office of Community Services.

He called for patients and families to be active participants in treatment and said patients can share responsibility for managing their conditions. He said the system he'd want wouldn't be hospital based. "We'd recognize that young people want a job and have housing. Services wouldn't be in a clinic for most people we want managing their life." Instead of appointments, he'd ask "What can you do that make people want to come back…and help them to navigate the system."

Privacy issues have created problems, he asserted. The doctor might say: "Sorry I can't get back to you." Parents might say "he's taking crack every day." This is about required legal standards. You do want your health information to have something to do with your family. Some parents write a letter to their son's doctor.

"And we have to stop relying on new medications. Everything has a benefit and a risk. Long term use of meds may not be useful. They used to be given in the hospital when someone came in very sick—they'd load him up on psychiatric medicine. We have to learn to use small doses very prudently. And offer people other things beside medicine." He mentioned yoga, exercise and diet.

With chronic mental illnesses now often tied to physical illnesses, Dr. Sederer said maybe you should stop using salt or stop smoking, for instance. Much of your condition will improve. So you put together a program where people take care of their health and that's a way to hold up their dignity, it's cheaper and it puts people first.

Starting out, Dr. Sederer traced the recent history of public mental health care in America from the Community Mental Health Act of the 1960s leading up to today's times. There were three imperatives facing policy makers today in mental health: (1) requirements that people be treated in what is called the least restrictive environment rather than in institutions (the federal Olmstead Act); 2) that costs be controlled by managing care and (3) that "patient and family first" care should be provided.

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Deal sought on rival mental health bills

(from story in CQ News, Washington, DC, June 24)

Close to the end of the month a bipartisan committee met on both the Murphy and Barber bills, emerging to report agreement on some items, not others. Rep. Tim Murphy , whose bill touched on areas as diverse as federal privacy law, health information technology and prescription drug coverage under Medicare and Medicaid—said the provisions with broad support would bring about substantive changes in areas such as billing, the availability of hospital beds and training for police and first-responders. Murphy said of the emerging consensus that the idea is to identify what has enough support to advance now and what should be set aside to be worked on later.

Cutting up Murphy bill— What follows now?

(from story: Shift in Strategy for GOP on Mental Health Reform by Elsie Viebeck, The Hill, a congressional news source, June 5, 2014, as forwarded by NYAPRS. Her story is shortened.)

House Republican leaders are adopting a piecemeal approach to mental health reform in an attempt to salvage a legislative proposal that has been mired in controversy. The House Energy and Commerce Committee indicated it would divide the Helping Families in Mental Health Crisis Act (the Murphy bill) into pieces in an attempt to pass individual provisions that are not controversial. The announcement is a blow to the bill and Rep. Tim Murphy (R-Pa.), who has argued that only dramatic and comprehensive reform would serve to help people with serious mental illness.

The defeat is a victory for the broad swath of national mental health groups that were uneasy about or opposed to Murphy's legislation. Taking cues from public safety advocates and families of people with serious mental illness, Murphy's bill proposed to loosen standards for involuntary treatment, increase psychiatric beds and relax health privacy laws to give caregivers more information. Murphy also sought to lay down a marker against federal mental health initiatives he calls unserious and potentially harmful.

He also proposed gutting and reorganizing the Substance Abuse and Mental Health Services Administration (SAMHSA), the primary federal agency in charge of grants for mental health services. These provisions are unlikely to move under House leaders' new strategy, as critics say they will disrupt mental health programs and enshrine a perspective that discounts the input of major outside groups.

Energy and Commerce leaders are expected to advance non-controversial provisions that involve training for mental health services, coordination of care and increased funding for research before the end of the year. Murphy's office is still pushing for action on the comprehensive bill. "There needs to be recognition that what Dr. Murphy is advancing is in the realm of serious mental illness, which remains off the table by the opponents of his bill," said Susan Mosychuk, Murphy's chief of staff. Murphy later called on former Rep. Patrick Kennedy (D-R.I.), a noted mental health advocate in his own right, to work with organizations on a package of possible revisions to the measure. The so-called Kennedy workgroup floated a series of changes in early May but has received no indication that Murphy will adopt them.

(Editor's Note: Folks, you can call Rep. Paul Tonko at his Albany office, 465-7000, and urge him to support changes in his bill that accommodate the Murphy bill's main provisions.)

Move-in day for 155 men at local YMCA

Saturday was D-Day –departure day— for 155 men at the Schenectady YMCA, and if you can imagine an army moving out, like the real D-Day of World War II, this was like that. In the morning when the men had to bring their bags and boxes down, some with carts and dollies, from upper stories at the old Y building at 13 State Street, you felt a tenseness that too much had to be done in a short time. Ed Kowalczyk, the residence manager, was there directing traffic. How's it going, guy? He says and you felt the pressure was on him. After all, they were scheduled to move all 155 men out of the old building into the new at 847 Broadway, the long abandoned industrial building morphed into a spanking new apartment building, on that same Saturday. Would they do it? Some of the men have waited for this day for months and years. Yet they just didn't seem excited. When I asked how they liked the place, they replied: It's all right. Or, it's a change; change is good and bad. Or, it's better than what we had. Gosh, these are brand new units on four stories of a totally renovated building, fresh and clean with the latest electronic controls and safety devices, handsomely furnished with all new stuff. Ready to move into. Each room and hallway and common area with a pleasing grey and white color scheme throughout --not industrial looking at all. Something you'd fight for.

In the old building the men came down to the gym level with their belongings and pushed them out to a waiting truck in the driveway. Men were loading the truck and standing around. It would travel to the new building where more crews would begin to unload. They had more carts. Everything came out of the truck and was piled on or carried inside. Besides the residents, the Y employed its small staff and a few volunteers to help unload and act as guides in the new building.

Each of the men was getting a brand new studio apartment with all the amenities and at low rent. Most had light luggage but one man said he was a DJ and had a set of four-foot high stereo amps and all that went with them. We wrestled the big boxes donated by Home Depot onto the dollies, checked the room numbers on them and pushed them ahead, up the elevators, searching for our destinations. We marched up and down the halls. Everything they owned was carted in--stereos and TVs, fishing rods, tool boxes, bags of clothes and shoes, lamps and mops and irons and ironing boards; duffel bags, cooking pots, electronics with headphones, rolled up rugs and heavy boxes of books.

A lot of signs the Y didn't hesitate to get help for this colossal movement of bodies and equipment: a free taxi was on hand at both buildings; donated bagels came from Panera's Bakery; bottles of water and cans of soda came from Walmart and Price Chopper; later they were to have pizza brought in for supper. The volunteer help came from various organizations (like NAMI) and other YMCAs.

The Y staff had a command post in the lobby of the new building where the men sat in easy chairs watching the parade. One man says he has to watch out for his new neighbor who will be dropping in all the time. Another says he's glad to have a corner apartment with windows on two sides.

The studios are configured differently but all have a narrow kitchen with table and chair, stove, refrig and microwave. An adjoining living room has a bed with a mattress and an underframe, a chair, table-desk and dresser. They have a bathroom with toilet and shower. All have closets.

Schenectady YMCA Manager Lou Magliocca shows off the

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Tonko bill blocks crisis care

from page 1

The bipartisan bill also has provisions that free some parents of the seriously ill from HIPAA handcuffs. HIPAA is a privacy law that prevents parents from being informed of the diagnosis, medications and pending appointments of seriously ill loved ones, making them powerless to help them get treatment.

The Democratic bill Tonko supports does none of that. It does raise reimbursement rates for marriage counselors, thereby gaining the support of the American Mental Health Counselors Association. But having a marriage you want improved is not a mental illness. The Democratic bill would fund anti-bullying programs. But bullying is not a mental illness. No doubt, Tonko's heart is in the right place, but he was misled by the mental health industry, which wants mental health funds without the obligation to treat the most seriously ill.

But Tonko should be on the side of people with serious mental illness, not the industry that refuses to treat them. Throwing money at mental health, as the mental health industry wants, is not the same as treating serious mental illness.

The bipartisan bill directly addresses the elephant in the room: getting treatment to adults known to have serious mental illness. The bipartisan bill is the best way to help the most seriously ill, avoid future tragedies, and keep everyone safe. Tonko should join the other New York Democrats and Republicans who support the bipartisan bill.

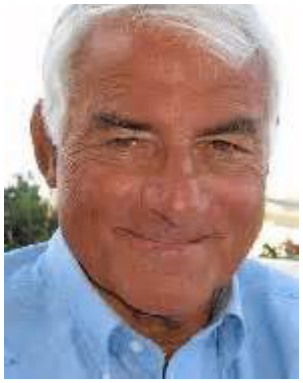
It's Not The Time For Bickering

(shorter version of Commentary piece by US Rep. Paul Tonko in Albany Times Union, June 19)

Having spent much of my career working to better our mental health system, I found the insinuation in a June 11 commentary that I would ever put partisan politics before the needs of the mentally ill not only wrong, but highly insulting. Such a crass and simplistic conclusion belies the fact that there are major substantive differences in how two bills currently being considered in the House of Representatives would address the needs of the mentally ill.

As an engineer, my approach to legislating has always been to relentlessly find solutions to our nation's pressing problems, regardless of party affiliation. When it comes to mental health, the best answer is not to cut hundreds of millions of dollars out of programs that help schools support mental health professionals and the National Suicide Prevention Hotline, which has answered millions of calls since 2005. Likewise, the path forward is not to diminish the rights of those with mental illness and eviscerate organizations that exist to protect the mentally ill from abuse and neglect.

Those are just a few of the "solutions" put forward in Rep. Tim Murphy's bill. By contrast, the Strengthening Mental Health in our Communities Act, introduced by my colleague Rep. Ron Barber,builds a solid foundation to prevent mental health crises before they occur. That is why I joined my colleagues in authoring this piece of legislation. This bill would maximize access to and increase the impact of community-based mental health services, making new investments in prevention and early intervention of mental illness, and advancing research into mental health.



Allen Frances, MD.

These days, you have to rob a bank to get treatment

(from article with the above title in Psychology Today, May 8, 2014 in the Saving Normal column written by Allen Frances, MD, who was chairman of the DSM-IV Manual of Psychiatric Disorders Task Force and is currently professor emeritus at Duke University. His article has been shortened.)

While 25 percent of the population might qualify as having a mental disorder in any given year, only 4 percent have a severely disabling mental illness. To its shame, the mental health industry has consistently focused on the former, not the latter.

The latest egregious example is its opposition to the widely supported and much needed Helping Families In Mental Health Crisis Act (introduced by Rep. Tim Murphy along with 77 co-sponsors). This bipartisan bill would encourage federal agencies to prioritize in favor of the most seriously ill—sending them to the head of the line for services.

Unhappy about this, the mental health industry convinced Representative Ron Barber to propose an alternative—the Strengthening Mental Health in our Communities Act. This has some of the same provisions that are in Murphy's bill but is stripped of the changes that focus care on the most seriously ill. Here are four crucial provisions the industry convinced Barber to drop:

1. Medicaid Reform: Medicaid prevents states from receiving reimbursement for people with mental illness who need to be hospitalized for an extended period. So states tend to kick the seriously ill out of hospitals and many wind up incarcerated or homeless. The original bill makes small revisions in Medicaid so that those who need hospital care can receive it. The Barber bill does not.
2. Assisted Outpatient Treatment (AOT) helps a small subset of the most seriously ill who have a history of getting into trouble when they stop the treatment needed to prevent decompensation. After full due process, AOT allows judges to order severely ill patients into six months of community treatment, often including medications. AOT markedly reduces homelessness, arrests, hospitalizations, incarcerations, and cuts costs in half. Funding for AOT is in the original bill, but not the Barber bill.
3. HIPAA and FERPA are useful laws that keep patient records confidential—but doctors sometimes hide behind them to avoid having to spend time telling parents about the treatments and pending appointments for their children. Parents of the seriously mentally ill need this information to help make sure their loved ones have medications, stay in treatment, and make it to the appointments. The original bill includes narrow exceptions to HIPAA and FERPA so parents of the seriously mentally ill who are providing care and housing can get this information. The Barber bill does not.
4. SAMHSA should be the government agency most dedicated to the welfare of the severely mentally ill—but it is not doing its job. As Representative Murphy pointed out: 'SAMHSA has not made the treatment of the seriously mentally ill a priority....serious

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Bomb threat dismissed *from page one*

and they placed yellow tape outside in front. The bomb squad arrived and looked into the bag to find a can of shave lotion and a pack of cards, according to friends who related the story later. When Joshua came out of the store he was charged with a Class 1 felony—posing a false bomb threat, and sent to Schenectady County Jail. His bail was set at $11,000, including $1,000 for a disorderly conduct charge.

Joshua was kept in jail two weeks awaiting the results of mental evaluations requested by his defense attorney. He reportedly received an antipsychotic drug while in jail. He's had some mental health attention in the four years since his mother said he was diagnosed with bipolar disorder at age 17. But she said he has not been taking medicine, is not on Medicaid and only occasionally has times when he appears to be manic.

When arrested, Joshua was homeless and it may have gone against him at the moment of his arrest. He had no prior arrests and a non-violent past. He is said to have dropped the bag outside the store to not upset store personnel who don't like young people carrying backpacks and bags into the store. Joshua went into the store to buy a suit of clothes to try to go back to the job where he had worked before, officials said.

Joshua's day in court came June 18. At 7:45 pm in Niskayuna town court the side door swung open and an armed deputy accompanied Joshua in his orange jumpsuit, chains binding his ankles, to the front of the room. Joshua, dark haired, taller than the others, lined up with his public defender, Joe Litz, and assistant district attorney Mike DeMatteo, facing the judge. DeMatteo, reading from notes, described the incident that had Joshua going into the Target store and first dropping his bag outside in the space between the Target building and the shoe store next door. He then walked into the store. A woman saw him and thought the bag suspicious and called police. Placing the bag with unknown contents constituted a potential threat to safety if something explosive was inside, DeMatteo said. But their research and evidence showed that it didn't rise to the level of a criminal offense. He asked Judge Stephen Swinton to dismiss the charge and a second related charge of disorderly conduct as well. The judge asked Litz for his opinion. and Litz concurred with DeMatteo. The judge then dismissed the fake bomb threat charge, a felony, and the disorderly conduct.

Joshua's parents, middle aged, quiet, stood up front during their son's hearing, next to the lawyers, their son and the judge. They were relieved to have their son's case dismissed. But Joshua's father said he was ashamed that his son had been on three TV news stations for posing a bomb scare.

Joshua was free to go—but where? His parents did not want to take him home. Instead, his aunt who had put him up before, said he could stay with them. But this was temporary. Here is a judge hearing that a man has mental troubles, enough to get himself in trouble with the law, despite his innocence in this case, and letting the man go scot-free without any idea where he is to stay for the night. To Judge Swinton's credit, he did strongly recommend that Joshua get mental health treatment.

A friend of the family says she's known Joshua since childhood. She said the parents abandoned Joshua at the wrong time. When they had a disagreement, Joshua moved out of the house and that's when his troubles began. Homeless and without any income,he moved in with an aunt in Schenectady for a few days where he had lived before, and on and off at friends'houses.

Before he left his parents' house, his mother said, he had periods of really hitting the ceiling. They called police and had him involuntarily hospitalized under what could have been an emergency pickup. Police took him to Saratoga Hospital where he spent a day and a half in the psychiatry unit. His mother said doctors couldn't hold him any longer because he wasn't dangerous to himself or others. Saratoga Hospital released him to the street a week before the Target incident. She said he was unstable when he was released. He had no place to stay as the parents were using "tough love" and wouldn't take him back.

Part of this story is the failure of others to get Joshua into treatment and his own unwillingness to take what is offered. Two or three months ago his mother related that they sent him to a doctor in Schenectady who prescribed medicine. But there is no evidence Joshua took it. His parents say he is non-compliant. And he is believed to be influenced by the family's ideas that favor non-medical kinds of healing his illness.

His mother says he's much calmer when he takes medicine. But while he was in jail an interviewer said Joshua was over the edge when he talked to him. He spoke excitedly of things he had to do--get a new job or get his old job back.

Since the Niskayuna hearing, Joshua stayed with his aunt a few days, then suddenly moved out. NAMI advocates are trying to help by having his aunt and his friends connect him with county Social Services for emergency housing, cash assistance and Medicaid. A friend of his said he's unlikely to do so. We're also calling housing providers like the YMCA and SCAP. At the YM the manager said Joshua could come down, they would see what they could do. We also suggested to the parents they attend Ellis Hospital's weekly Relatives Support and Education group. Meanwhile Joshua told a friend he was getting his old job back. He was seen on Facebook recently doing magic tricks for the kids in the street.

One more thing that didn't work in Joshua's favor is that he didn't get discharged properly from the jail, as far as we know. Normally he would have received followup care from the Ellis Hospital mental health clinic.But dismissal of his case by the judge ended his jail stay without social workers seeing that he received mental health services when leaving jail.

NAMI coordinates training for defenders and prosecutors

A dozen public defenders and prosecutors in Schenectady recently completed a four-hour training program on Understanding Mental Illness and the Mental Health Treatment System in our county. Bob Corliss, our point person on forensic services, coordinated the program with strong assistance from the County Office of Community Services, the Ellis Outpatient Clinic and a host of provider agencies in the county.

The impetus for the training came from NAMI's Forensic Task Force which identified this area as a need which we could address in the Task Force's earlier Report on Unmet Needs in the county. In particular, former deputy public defender Debbie Slack-Bean, an adviser to the task force, first proposed the need for such training over two years ago observing that her colleagues and prosecutors alike would benefit from a better understanding of mental illness and its treatment.

The first phase of the training was held on June 17 at the Ellis Outpatient Clinic. Heidi Van Bellingham M.D., chief clinic psychiatrist, who spent several years serving the jail population, and Mary May LCSW-R, director of social work at the clinic, presided over a presentation on understanding mental illness and its clinical treatment.

Phase 2 of the training was completed on June 24 at the Union Graduate Center and served to present a comprehensive picture

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Jason Helgerson .

NY's health care picture 5 years into the future

Dressed in a business suit, articulate, handsome, NY's Medicaid guru Jason Helgerson gives another of his five-minute video whiteboard presentations on the state Health Department's website www.health.ny.gov (also on Youtube). Beside him is a chart with big boxes outlining the new system of public health care in NYS. Like a weathered college instructor, Helgerson points to each item on the board and tells us how you fit big pieces of Medicaid Reform together. He goes on to explain the terms and concepts that everyone should know--Managed Care Organizations (MCOs), Performing Provider Systems (PPS), Health Homes (HH), and Community Based Organizations (CBOs)—and how these relate to one another to make up the new Medicaid care system.

This is called the DSRIP system (Delivery System Reform Incentive Payment), a rather hard to grasp idea built into the federal waiver grant of $8 billion that New York received to reform its Medicaid system. The goal, Helgerson says, is to reduce hospital admissions by 25% over five years. Managed Care Organizations are to get NYS out of the fee for service business and move all the funds into the managed care system.

The Performing Provider System is the new entry. This is a collaboration of hospitals and other major providers, including those in behavioral health, to work in a common cause – structural reform of health care delivery, he says. It's breaking down the silos erected between behavioral health care and acute care, between long term care and regular care.

Then we have Health Homes doing the same things they do today--care navigation to see that patients get the services they need. And lastly, Community Based Organizations are to address the social determinants of health, which we see as very important. So it's important for the PPS to find how they can work with them. Managed Care Organizations will still have network requirements, he says, to reach patients where there aren't enough providers, and hire additional providers. So the goal is to have as many providers serve the Medicaid population as possible. This is a permanent change in our health care delivery in NYS. The opportunities are tremendous, Helgerson claims.

Editor's note: Ellis Hospital is now aligned with St. Peters Health Partners in a PPS called Innovative Health Alliance of NY, according to a letter written by Ellis CEO Jim Connolly and published May 15. Additional participants are expected. The area served covers six counties and is "coterminous with the Health Homes operated by our partners Samaritan Hospital, VNS of Schenectady and Saratoga, and St. Mary's Healthcare respectively," Connolly writes. They want to do joint planning with Albany Medical Center also. The capital area now has three Performing Provider Systems: the one Ellis just formed, Albany Medical Center Hospital with Saratoga Hospital, and Columbia Memorial Hospital.

State calls on housing agencies for rapid makeover also

The not-for-profit housing agencies serving people with mental illnesses, developmental disorders and drug addictions are also undergoing rapid changes to stay in business. No longer will housing agencies bid on a project sought by the Office of Mental Health or another state agency, win an award letter, obtain municipal approvals and proceed to construct the housing. Now it's far more complicated, a free-for-all with a whole new set of rules and procedures.

An agency has to submit a successful proposal for a project, say an integrated housing project serving those who need affordable housing and individuals who have a mental illness, for people now lodged in a state hospital and capable of living outside. The proposal leads to pre-qualification by the state, directing them to find a site and submit paperwork. There might still be competitors. If OMH agrees the site is viable, it can set aside some units for its population, while other units in the building would go to others. Financing is then sought from a variety of sources, among them the state's Housing Finance Agency, banks offering different interest rate loans and businesses looking for tax credit programs.

If municipal approvals are received a corporation might have to be formed for the specific project, then a closing is held and construction begins, all before a project opens. Here's why the drawn-out process:

First, the federal Olmstead court decision plays a big role in declaring that affordable housing and set- aside units for special needs populations should be part of integrated housing, with non-disabled persons living side by side in the same building. The contracting isn't just among OMH housing providers—it includes others. Multiple funding sources exist but there's a competitive application process that makes decisions tricky for the housing sponsor. Siting still is based on zoning codes and municipal approvals but there's no Padavan Law protection any longer. Padavan Law held that group homes were treated like single family homes for zoning purposes.

For a not-for-profit agency to pursue a particular project there are risks. It will have to invest significant dollars and resources of its own prior to government approvals. There are for-profit and not-for-profit developers whose reputation and historical records are very important for a project to succeed. An agency would be part of a development team. Funding is flexible. And the development team has to demonstrate its ability to get to completion, or it may be pushed out.

For its part the state Office of Mental Health plans to open scattered-site supported apartments in counties targeted for state psychiatric center bed closings and where there's a shortage of general inpatient beds. Beds would be allotted to those enrolled in a Health Home or managed long term care (MLTC) plan. In some cases, beds are targeted to individuials b eing discharged from a state psychiatric center. The not-for-profits manage these units and are said to receive add-on rates when there's a direct referral from the psych centers. At this point, Schenectady County isn't earmarked for beds.

Stabbing Case Shows Lapses

(from NY Times story June 7. Weeklong headlines followed the story, chilling the entire city. The wanted man had a history of violence and mental illness but he was released from prison without medicine or followup treatment. Story is shortened.)

During much of his five years of incarceration for choking his mother with an electrical cord, Daniel St. Hubert was prone to aggressive outbursts and violence, assaulting inmates and correctional workers. It took three years before he was even deemed psychologically fit to stand trial.

After years of mandatory therapy designed to stabilize him, he began to show signs of improvement: In the last six months, he had citations only for minor infractions like keeping a messy cell, officials said. And the last time he was cited for violent conduct was March 29, 2013.

But there was little that New York correction officials could do to ensure that Mr. St. Hubert received the therapy he needed outside the prison walls. Nevertheless, on May 23, following a standard psychiatric evaluation, he was released.

Once out of prison, he was on his own. If the authorities' suspicions are borne out, within a matter of days he had come apart, carrying out a bloody rampage through New York City that left at least one person dead — a 6-year-old boy.

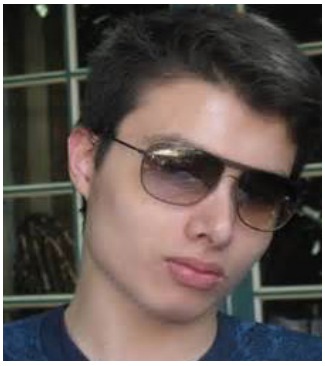
The numbers of inmates with mental illness have surged in jails and prisons across the country in recent years, and enormous resources are spent ensuring that they are competent to stand trial and stable while incarcerated. But as Mr. St. Hubert's case underscores, the process of making sure they are fit to return to the community can be haphazard. Correction officials and mental health providers have to navigate between civil liberties protections and concerns for public safety, and the reality that the vast majority of people with mental illness are not violent.

For the most difficult cases, New York has more tools than do most states, including Kendra's Law, which allows authorities to order people to receive outpatient treatment if they have a history of violence or repeated hospitalization and have rejected treatment in the past. But there are ways for mentally unstable people who might be dangerous to slip through the cracks.

NAMI-NYS in last minute push to hold open hospitals

NAMI-NYS promoted a bill for a three-year delay of closures and downsizings at more than a dozen state-run psychiatric hospitals and development centers in the final moments of the state legislative session that didn't make it. Gov. Andrew Cuomo stepped in to reach an agreement with the unions that put aside bills, sponsored by Sen Tom Libous of Binghamton and Assemblywoman Donna Lupardo of Endwell, that would have delayed the reductions till 2017. NAMI NYS sought to keep the beds open because of keen shortages, consistent with its position on the Murphy bill in Congress.

But the legislature had already reached agreement last session to keep OMH wards and facilities open while closing eight or nine hospitals and about 700 beds under the Centers for Excellence plan. To keep open all the NYS hospitals would leave community mental health services with little of the money promised by the OMH to create more beds and services, particularly for those areas where the state beds would close. From a family standpoint, top priority should be to act for our relatives waiting for apartments and congregate care beds. NYS would still have enough beds in general hospitals and state psych centers under the agreement, and the savings would be huge.



Elliott Rodger

Calif. rampage points to gaps in mental health law

(This Associated Press story appeared in The Daily Gazette May 29 again pointing to the need for reforming involuntary hospital commitment laws which the Murphy bill in Congress addresses. Story is shortened.)

Los Angeles—Elliot Rodger's murderous rampage near Santa Barbara has tragically exposed the limitations of involuntary-commitment laws that allow authorities to temporarily confine people who are deemed a danger to themselves or others.

Three weeks before he stabbed and shot six people to death and then apparently took his own life, the 22-year-old sometime college student was questioned by sheriff's deputies outside his apartment and was able to convince them he was calm, courteous and no threat to anyone. The officers had been sent by local health officials after Rodger's family expressed concern about him.

"He just didn't meet the criteria for any further intervention," Santa Barbara County Sheriff Bill Brown said on CBS' "Face the Nation" on Sunday. "He was able to make a very convincing story that there was no problem, that he wasn't going to hurt himself or anyone else."

Like many other states, California has a law intended to identify and confine dangerously unstable people before they can do harm. It allows authorities to hold people in a mental hospital for up to 72 hours for observation.

To trigger it, there must be evidence a person is suicidal, intent on hurting others or so "gravely disabled" as to be unable to care for himself.

Police and medical personnel make tens of thousands of such welfare checks in California annually. In the year that ended June 2012, nearly 126,000 people were placed on temporary mental health holds in California.

In Rodger's case, it's not clear whether the law was too porous, if deputies were inadequately trained or if they simply weren't provide enough information to ferret out how deeply troubled Rodger had become.

Move-in day at YMCA *from page 3*

big, light dining room with shiny kitchen on first floor, then the computer room on second; the lounge rooms on third and fourth. The office space and medical room where they monitor meds but don't administer them. The outdoor patio on second floor where men can smoke. Many of them were smoking outside Saturday. The whole refurbished building is a wonder. Lots of light. Full air conditioning. Each room with temperature controls, card entry at the door like a motel. Soft tiles underfoot. Huge new windows. The building smells new. Only a few months ago it was still a beaten looking industrial building with flapping plastic over the window openings. It's now a home to be proud of.

Dr. Sederer's talk *from page 2*

On the matter of costs, he asked what a patient day costs in Ellis Hospital and said at $1,000 to $1,500 a day that's about $400,000 a year, or $250,000 in a state hospital. By comparison a year's treatment by the assertive community treatment (ACT) team costs $68,000. He said managed care by private companies would avoid waste. Health Homes are another way to provide care management for the chronically and seriously mentally ill even though case loads are far higher than formerly.
The third factor in change is that patient and family advocacy groups are insisting that "patient-first" care works far better than services organized for the convenience of payers, practitioners and health care organizations. "This notion is to design services to give people what they want…services need to be organized in a way in which people want to be treated." But an audience member said that families and consumers don't drive services now.

A questioner asked what to do with dangerously mentally ill people. He said there's only a small minority and it's been proven you can't lock them up. You can reduce rates. But it's about finding people early in their deterioration and getting them into treatment," Dr. Sederer declared. For the large numbers of mentally ill people in jail and prisons, a panel of experts in NYC has been working on how to reduce these numbers and change what goes on.

Public defender training *from page 5*

of mental health and related services which attendees should know about. Those presenting included Susan Morgan, social worker and discharge planner for Ellis Medicine at the county jail; Mary Lafountain, social worker specializing in co-occurring disorders at the county Office of Community Services; Mona Stewart, CASAC (alcohol and substance abuse) specialist at the county Department of Social Services; Maia Betts, supervising social worker at Rehabilitation Support Services, Inc.; Darin Samaha, director of the Office of Community Services, who discussed the county's assisted outpatient treatment (AOT) program; Jodie Kovach, social work supervisor of the Assertive Community Treatment (ACT) Program at Mohawk Opportunities; Kevin Pausley, deputy director of Probation, and Tim Staples, reentry coordinator for the Center for Community Justice. Bob Corliss acted as moderator.

You have to rob a bank *from page 4*

mental illness such as schizophrenia and bipolar disorder may not be a concern at all to SAMHSA...its strategic plan continues to think in broad terms of behavioral and emotional health, promoting wellness and not once in its entire 117-page strategic document will you find the words schizophrenia or bipolar disorder.'

Editor's note: 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 Schcnectady newsletter and is primarily issued via e-mail. if you want an e-mail copy send your e-mail address to the editor, rneville@nycap.rr.com. Back issues are on the website, namischenectady.org and can be downloaded in pdf format.
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