



**NAMI-New York State**  
National Alliance for the Mentally Ill  
*Making Life Better for People with Mental Illness and Their Families*

## *Reach for Results*

# **HOUSING**

**Housing with support services is needed** for the tens of thousands of adults with mental illness in the state's prisons, jails, adult homes, nursing homes, on the streets and in homeless shelters, and for those discharged to their homes and living with aging parents who are afraid of what will happen when they can no longer care for them. NAMI-NYS calls for a *sustained commitment* to providing stable, safe, decent, affordable, recovery-oriented and flexible housing with supportive services for all New Yorkers living with severe mental illness who need it.

- Currently **only 13.7%** of New Yorkers with serious mental illness are provided state-supported housing and 49% of persons discharged from psychiatric hospitals return home. Aging family members are *increasingly less able* to provide housing and care.
- A recent University of Pennsylvania study shows that it costs almost the same to provide supportive housing and group homes as it costs to leave persons **homeless!**
- Estimates show that **40,000 - 70,000 more housing units are needed**, including supportive apartments, community residences and SROs. We need a commitment NOW for those beds in the future as down payment today for tomorrow.
- NAMI-NYS firmly believes that a commitment to adding **4,000** new beds of supported housing **each year** is imperative. Priority must be given to adults experiencing housing disruptions due to parental disability or death as well as persons leaving State facilities, adult homes and the homeless.
- NAMI-NYS supports the **New York State Campaign for Mental Health Housing Reform** and its advocacy agenda.

***REACH FOR RESULTS: FUND MORE HOUSING WITH SERVICES!***



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***COMMUNITY SERVICES***

The State's move to Personalized Recovery-Oriented Services (PROS) brings more Federal dollars into New York by making such services Medicaid-fundable. However, Medicaid does not pay for everything and some specific community **"safety net" programs** are in jeopardy. Last year's Budget called for cutting these programs by \$7.7 million. The State must continue to pay for these local programs:

- **Small clubhouses and local drop-in centers** have been funded by the NYS Office of Mental Health (OMH) and are at risk of closing if state funding is not continued. Other similar programs include:
- Advocacy, Coordinated Children's Services Initiative, Crisis Services, Family Support Services, Homeless Services, Homemaker, Local Administration, Multicultural Initiatives, Outreach, Peer Advocacy, Recreation, Respite Services, School-Based Initiatives, Self-Help Programs, Sheltered Workshops and Transportation.
- Also, **Intensive Case Management (ICM)** services and **Assertive Community Treatment (ACT)** teams must be fully funded by the State through OMH.
- NAMI-NYS urges the State to **hold these programs and services harmless** from further budget cuts. NAMI-NYS believes that the State's budget should not be balanced on the backs of the poor, sick and disabled New Yorkers who need these services in their daily lives.

***REACH FOR RESULTS: FUND COMMUNITY SERVICES!***



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## **RESEARCH**

NAMI-NYS has advocated tirelessly for years in support of research into the causes and treatment of mental illness. **Of the ten leading causes of disability worldwide, five are psychiatric disorders**; unipolar depression was the number one cause of missed work for the entire world population; followed by alcohol use, bipolar affective disorder (manic-depression), schizophrenia, and obsessive-compulsive disorder. NAMI-NYS believes that **brain research is key** to treating and eradicating these cruel and debilitating no-fault neurobiological illnesses.

- OMH's **Nathan Kline Institute** is focusing on two of the most significant public mental health problems: *schizophrenia and Alzheimer's disease*. The research is oriented towards improving treatments and service delivery, finding ways to prevent and ameliorate these diseases, and offering recovery and hope for patients and their families.
- OMH's **Psychiatric Institute** is *pioneering new research* into developmental psychobiology, autism, prodromal symptoms of schizophrenia, seasonal affective disorder, and the new Magnetic Seizure Therapy to treat unresponsive depression. And in an effort to bring the latest evidence-based diagnostic and treatment information to the community, it has initiated two programs that bring expert psychiatric consultation to rural New York State communities via live teleconferencing, and empirically-based research results to the attention of clinicians throughout the country via its Center for the Advancement of Children's Mental Health.
- NKI brings in \$15 million and PI \$90 million annually in outside research funding and are both world-class mental health research institutions. PI boasts **Nobel Laureate Eric Kandel** among its staff. It would be *penny wise and pound foolish* to reduce these invaluable institutions that are, in fact, money-makers for New York.
- For several years the State has left **research positions unfilled and later eliminated** at these institutes. Tell your legislator to not let them starve the research budget through staff cuts and attrition.

***REACH FOR RESULTS: FUND RESEARCH!***



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***FAMILY HEALTH PLUS, MEDICAID SERVICES  
& ACCESS TO MEDICATIONS***

- The State wants to cut mental health benefits from **Family Health Plus** and eliminate “**optional services**” under Medicaid.
- “Optional services” are **podiatry, dental and psychological services**, among others.
- These are not optional for persons with mental illness and they experience **higher rates of diabetes and dental problems** than the general population. Plus, psychiatrists are relying more on more on psychologists for therapy for Medicaid patients.
- Family Health Plus and “Option Services” under Medicaid **must not be cut!**
- The State wants to save Medicaid money by implementing a “**Preferred Drug List**” (PDL) designed to block or impede access to the needed medications. NAMI-NYS calls PDLs and other restrictions to access to medications **bad medicine and bad public policy**.
- **Restrictions to access for psychiatric medications under the Medicaid program must not be allowed.** “Preferred Drugs Lists” (PDLs), other restrictive formularies, prior authorizations and other mechanisms designed to save money by blocking or slowing access to needed medications are **unacceptable**.
- The **Kaiser Commission on Medicaid** has studied the use of PDLs and restrictive formularies in other states, notably Michigan and Florida, and advise extreme caution as they can be counterproductive and harmful in the long run.
- A recent article in the prestigious journal *Health Affairs* reached similar conclusions and urges more study and research be done on the adverse effects and risks of PDLs before New York or any other state implements them. And a recent poll shows that 89% of **New Yorkers oppose state interference** in the patient-physician relationship.

***REACH FOR RESULTS: PRESERVE FAMILY HEALTH PLUS,  
MEDICAID SERVICES & OPPOSE A PDL!***

