



NAMI-NEW YORK STATE

National Alliance on Mental Illness - New York State

260 Washington Avenue • Albany • New York 12210 • Info@naminys.org
518.462.2000 • 1.800.950.3228 • Fax 518.462.3811 • www.naminys.org

Officers

Don Adamowski
President

Janet Susin
First Vice President

Tom Naples
Second Vice President

Carol Booth
Secretary

Ted Vecchio
Treasurer

Muriel Shepherd
Founding President

Directors

Marguerite Adelman
Sigfrido Benitez
Ione Christian
John Coon, II
Betts Custer
Tom Easterly
Max Gabriel
Karen Gormandy
Ruth Leveill
Myrna Sanders
Judith Watt

Government Liaison

Sherry Janowitz Grenz

Advisory Board

C. Christian Beels, MD
Author

Kayla F. Bernheim, PhD
Author, Clinical Psychologist

Robert Cancro, MD
NYU School of Medicine

Courtenay M. Harding, PhD
Boston University

Phyllis Harrison-Ross, MD
Author, Clinical Psychiatrist

Constance E. Lieber
President Emeritus, NARSAD

Henry L. McCurtis, MD
Columbia University College of
Physicians & Surgeons

Lewis A. Opler, MD, PhD
Columbia University College of
Physicians & Surgeons

Herbert Pardes, MD
New York-Presbyterian Hospital

Kenneth G. Terkelsen, MD
New York Hospital-Cornell
Medical Center

E. Fuller Torrey, MD
Author, Research Psychiatrist

Phyllis Vine, PhD, MPH
Author

Otto Wahi, PhD
University of Hartford

Executive Director

Trix Niernberger

Testimony for the Senate Finance & Assembly Ways and Means On 2009-2010 Executive Budget for Mental Hygiene Submitted by National Alliance on Mental Illness of New York State Presented by Don Adamowski, President, Board of Directors, John Coon, Member, Board of Directors, & Trix Niernberger, Executive Director January 29, 2009

The National Alliance on Mental Illness of New York State (NAMI-NYS) is a grassroots organization of 26 years, providing education, support and advocacy. Through our 56 local chapters, NAMI-NYS represents thousands of families. Most of our members either have a mental illness or have a loved one with a mental illness. It is their hopes and fears that form the foundation of our testimony related to the Executive Budget for the Office of Mental Health.

INITIATIVES WE SUPPORT

• Timothy's Law Extension

First, we are most pleased that the executive budget extends Timothy's Law for another year. We know that Timothy's Law is in the Insurance Department's budget, but we also know that the Deficit Reduction part of the budget may be acted upon very soon so we wanted to mention it here. Although we prefer that the law is made permanent, the one-year extension will allow us all to figure out the federal parity law and review carefully the Timothy's Law evaluations to be released later this year. Timothy's Law is not perfect, but we know that the law has provided needed mental health services to many.

• Reduced Funding for Sex Offender Population

We are in support of the funding reduction of \$14.3 million for the sex offender population. OMH is currently spending about \$64 million/year on 160 persons for an average of \$400,000/person/year. This is just after one year of the law. OMH gets custody of an average of 11 to 13 more each month, so the cost will grow substantially each year. At that current rate, the cost for 2009 could have been more than \$121 million. This funding is all state money; no federal money is used.

Three-quarters of this cost is hospital care. Most of those civilly confined are placed at Central NY Psychiatric Center in Marcy. OMH has about 80 beds also at St. Lawrence Psychiatric Center in Ogdensburg. There is also one unit at the Manhattan Psychiatric Center, Wards Island. The latter facility holds persons awaiting a civil confinement trial. The remaining one-quarter of the cost is for evaluations.

OMH proposes to have the correctional system hold sex offenders longer prior to trial in order to reduce OMH costs. In addition, OMH proposes to reduce staffing to these offenders, making it more residential instead of intensive hospitalization.

In 2007, advocates were promised that services to those with true mental illnesses would not be harmed when OMH took on the additional responsibility of caring for those civilly confined. Cutting the funding for this population is necessary, since not enough services are available to those with treatable brain disorders.

We continue to oppose civil confinement in OMH facilities because of the additional stigma put on those with serious mental illnesses; the additional financial strain forced onto OMH; and the amount of money dedicated to this population when persons with mental illnesses get far less and desperately need services and housing.

- **Other Initiatives**

We support new funding for employment services in the Personalized Recovery Oriented Services Initiative (PROS) with \$1.3 million; implementation of the Children's Plan with \$1.7 million and a federal grant for employment with \$6 million; the pilot of a new rent subsidy program; the peer support groups training and technical assistance with \$700,000; and establishing an indigent care pool with \$5 million.

INITIATIVES WE OPPOSE

- **Postponement of the Special Housing Unit (SHU) law**

The Article VII bill and the Executive Budget delay implementation of the Special Housing Unit law by another three years, from 2011 to 2014; exclude those imprisoned at level three and four facilities from the protections of the SHU law estimated at half of the SHU population; and reduce mental health training hours for Department of Correction staff from 16 to eight hours.

The SHU law, signed by Governor Spitzer in January 2008, bans the use of solitary confinement for inmates with a serious mental illness who violate prison rules. The inmates will be placed in a residential mental health treatment unit where they will receive intensive psychiatric and behavioral treatment in a therapeutic setting.

After years of advocacy for men and women with mental illnesses inside the correctional system, the delay of the implementation of the law for another three years is simply a broken promise. NYS made a commitment to provide humane treatment to those with brain disorders. The bill was a compromise, allowing implementation to begin in 2011—three years after the bill was signed.

Now, the budget proposes another three-year delay. The proposed extension will allow offenders with psychiatric disorders to remain in solitary confinement for 23 hours each day for another five years! We urge you to reject this proposal, in the same spirit as President Barak Obama took decisive action to close Guantánamo Bay prison within one year.

- **Allow state hospital directors to serve as representative payees**
Article VII legislation will permit an OMH Psychiatric Center director, who is appointed representative payee, to use a patient's Social Security benefits to pay hospital charges without regard to the patient's other needs including getting reestablished in the community after discharge.

The change will eliminate the requirement in current law that facility directors act as fiduciaries regarding patients' funds--a fiduciary must act strictly in the best interest of another. It will eliminate the \$5,000 limit in current state law on the amount of Social Security funds that may be held by a facility director. The measure is retroactive to 2002, eliminating the rights of hundreds of patients who have received or will receive lump-sum Social Security and monthly Social Security benefits.

OMH anticipates \$30 million in savings from the measure, which will come directly from patients' Social Security funds that would otherwise be available to establish themselves in community residences upon discharge.

There is a desperate shortage of supported housing and community programs for persons with mental illness, including those leaving state hospitals. As a result, patients greatly benefit from saving their Social Security benefits to use to obtain housing, food, clothing, transportation, education and other needs at discharge. Moreover, the availability of funds for that purpose will greatly increase the likelihood of successful transition to community life, instead of re-hospitalization.

- **Delay in housing**
For many years, our top priority has been housing for persons with serious psychiatric disabilities. If a person has no place to live, recovery has no chance of happening. An estimated 40,000 persons with serious mental illnesses do not have proper housing. These individuals are "finding a place to stay" in our state psychiatric centers, community hospitals, homeless shelters, jails and prisons, as well as on our streets. At the same time, aged family members who have been taking care of their loved ones for years cannot find housing for them before they die. There is a critical need for multiple levels of housing, including group homes, as well as supportive, supported and independent housing. This budget cuts \$6 million from housing by halting new construction. We believe this funding should be on the top of the list to be restored.
- **Ward closures**
The budget proposes closure of 450 adult beds in state hospitals for a projected savings of \$4.4 million. NYS does not have enough inpatient

hospital beds for mental health treatment. We see this need on a daily basis. NAMI-NYS opposes all reductions.

- **COLA elimination**

Cost of Living Adjustments (COLAs) are essential to attracting and retaining a capable work force. NAMI-NYS opposes the retroactive elimination of this year's COLA, which is a 1% cut to base funding—a reduction of \$2.4 million.

- **Reducing OMH services**

New York State is divesting its historic commitment to those with mental illnesses by cost shifting programming to Medicaid. OMH is reducing funding (\$24 million) to sheltered workshops, clubhouses and continuing day treatment programs in favor of medical-model programs that are funded by Medicaid. NAMI-NYS recognizes that there is value in effective programs that provide social services and are not primarily medical in nature. Some of these programs are outstanding and have been replicated across the nation. If other programs are lacking in quality, they should be improved, not reduced or eliminated. OMH services should meet the diverse needs, talents and levels of recovery of the entire population of those with mental illnesses. Fewer services mean fewer options.

- **Reductions in Research**

We oppose staffing reductions at the Nathan Kline Institute and the NYS Psychiatric Institute. Research into the causes of mental illnesses is our hope for the future. The mapping of the human genome several years ago has led to almost monthly discoveries into the nature of mental illnesses. Researchers have found that half of all lifetime cases of mental illness begin by age 14 and three-quarters by age 24. Despite effective treatments, there are long delays—sometimes decades—between first onset of symptoms and when people receive treatment. Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive. New York is lucky to have two outstanding institutions making discoveries in identifying and treating mental illnesses, which lead to more productive tax-paying citizens. Please provide stability to these research facilities by not reducing their staff.

THANK YOU

Thank you so much for your consideration of our concerns. If you have questions, please call us at the numbers below. You can also contact Trix Niernberger at trix@naminys.org.

Contact: Trix Niernberger, Executive Director, (518) 462-2000 x 207
Don Adamowski, President, Board of Directors, (518) 843-3261
John Coon, Member, Board of Directors, (518) 773-2844