

11
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**Testimony before Joint Legislative Public Hearing on the 2012-13 Executive
Budget – Mental Hygiene**

National Alliance on Mental Illness-New York State

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Good afternoon. My name is Sherry Janowitz Grenz. I am President of the National Alliance on Mental Illness-New York State (NAMI-NYS). With me is Don Capone, our Executive Director. Thank you for this opportunity to provide testimony today.

NAMI is the largest family and consumer mental health grassroots organization in the country with 49 affiliates across New York State. We offer support, education, and advocacy for family members of those who have serious mental illnesses, as well as for those who suffer with mental illnesses themselves.

We are grateful to the members of the New York State Legislature for their steadfast support over the years. We especially want to recognize Assemblyman Felix Ortiz, Senator Roy McDonald, and OMH Commissioner Michael Hogan for their dedication and commitment to our cause. They are compassionate and effective leaders and we truly appreciate all that they have done--and continue to try to do--to make the world a better place for people suffering with mental illnesses.

Of New York's approximately 19.5 million residents, close to 673,000 adults live with serious mental illness[i] and about 204,000 children live with serious mental health conditions.[ii] More than 1.4 million New Yorkers have co-occurring mental health and substance use disorders.[iii] In 2007, 1396 New Yorkers died by suicide.[iv] Mental health diagnoses are generally associated with a higher rate of suicide. Suicide is the eleventh-leading cause of death overall and is the third-leading cause of death among youth and young adults aged 15-24.[v] Fifty percent of people with co-occurring mental health and substance use disorders receive no treatment, while only ten percent receive evidence-based treatment for both conditions.[vi] During the 2006-07 school year, approximately 50 percent of New York students aged 14 and older living with serious mental health conditions who receive special education services dropped out of high school.[vii] In New York, a study of 10,000 homeless people found that homeless persons living with mental illness cost \$40,449 per person in publicly funded services a year for use of emergency rooms, hospitals, shelters and incarceration.[viii]

This is why it is critical to maintain the current level of funding for services that assist those with mental illness. It is also critical to continue funding to support biomedical and clinical research so that better and safer treatments can be developed while scientists work on finding the cure for mental illness and other brain disorders. We believe it is vital that New York invest in several initiatives that would not only benefit those with mental illness, but have the ability to ease New York's financial burden moving forward, as well.

NAMI-NYS has a wide range of issues that need to be addressed. However--out of respect for time--and out of recognition for the financial challenges New York State is facing-- we've decided to focus on just a few of those issues.

NAMI-NYS Legislative Priorities for 2012

- 1. Investing in Safe and Affordable Housing for People With Mental Illnesses**
- 2. Reinvestment of Savings to Expand Mental Health Services**
- 3. Addressing Veteran's Mental Health Issues**
- 4. Supporting Government Sponsored Research of Mental Illness and other Neurobiological Brain Disorders.**

1-The Need to Invest in Safe and Affordable Housing for People With Mental Illnesses

Ever since NAMI-NYS was incorporated in 1982, safe, affordable housing has been an ongoing priority of ours. A stable environment is vital and fundamental to people living with serious mental illness. In 2005, the Campaign for Mental Health Housing estimated a need for 35,000 additional housing units to be built in New York State. While more than 14,000 units have been developed or planned since then, an additional 21,000 are still needed.

Access to decent, safe, and affordable housing remains a tremendous challenge for adults with serious mental illnesses. It is important that appropriate services and supports are also provided so that our loved ones have the best chance possible to live in a residence that provides them with dignity and as much independence as possible.

NAMI-NYS supports recommendations in the 2012-13 Executive Budget for the development of 9,500 additional housing units over the next three years.

Mentally ill people transitioning out of jail and forensic units at state hospital facilities are also in dire need of supervised housing. Without appropriate housing in place, recidivism is especially high within this population.

Please maintain funding to provide housing and services for the seriously mentally ill who do not have the financial resources to afford the most basic human need...that of a safe, accessible, stable and affordable place to call home.

2- Reinvestment of Savings to Expand Services

The 2012-13 Executive Budget reflects savings in the Office of Mental Health budget related to a number of initiatives, and indicates that there will be a partial reinvestment of these savings into community-based

services. In addition, Medicaid savings are also anticipated through the recommendations of the Medicaid Redesign Team which will change the way that our health and mental health systems operate. NAMI-NYS supports the reinvestment of all savings into needed services that will advance the recovery and support of those suffering from mental illnesses.

Funding for additional housing units, treatment, employment opportunities, education programs, health and wellness programs are critically needed in our communities. Not only would this reinvestment provide for improved conditions for our members and their families, but it would most likely result in long-term savings to the mental health system as persons suffering with mental illness would be better able to maintain themselves in the community and avoid visits to emergency rooms and psychiatric facilities, a far more costly alternative.

We are all aware of the history of reinvestment in New York State. The Community Reinvestment Act which was passed in 1994 authorized that the savings generated by the closure of state hospitals would be reinvested into community recovery services. While the Community Reinvestment Act was a well-intentioned reform designed to build the community capacity needed to assist those suffering with mental illness, significant sums were diverted to meet other state budget needs.

It is now time to ensure that savings realized within the mental health system remain in the mental health system to address critical needs. Please support the reinvestment of funds to develop critical services and programs.

3-Support Veteran's Mental Health

Supporting those who have served our country must be a top priority. We call on the Legislature and the Governor to assist veterans on all issues, but specifically those relating to mental health; our veterans deserve nothing less.

Returning combat veterans are experiencing very high rates of serious mental illness, suicide, addiction, homelessness and incarceration related to posttraumatic stress disorder and traumatic brain injury. More must be done in New York to provide services to America's returning heroes of combat.

Nationally, 20 percent of returning veterans live with post-traumatic stress disorder, but only half seek and receive treatment for this condition.

This means of the almost one-million veterans living in New York State, approximately 100,000 are not receiving necessary treatment. Clearly, this is not acceptable, and reform must take place to improve the access and affordability of mental health services for veterans.

The VA estimates that nationally there are 107,000 veterans homeless on any given night. Most of these suffer from PTSD or another serious mental illness. (Of all homeless men, it is estimated that 40 percent of them served in the armed forces).

Although funding for mental health treatment has increased in recent years, significant numbers of veterans with serious mental illness are still falling through the cracks because they are not getting the services they need. We must increase funding for mental health and medical treatment for veterans with

serious mental illness. Ensure that monies designated for mental health and substance abuse treatment for veterans are allocated to Veterans Medical Centers, Community-Based Outpatient Clinics (CBOCs) and other programs serving veterans with mental illness and utilized for the treatment of these individuals.

NAMI-NYS also strongly supports the passage of A.1070/S.4760, sponsored by Assemblyman Ortiz and Senator McDonald, which requires the commissioners of the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Director of the Division of Veterans' Affairs to develop a public education campaign on mental illness and chemical dependency among service members, veterans and their families. The intent of this bill is to reduce the stigma surrounding mental illness and substance abuse within the military community.

We have a moral obligation to provide our veterans the best and most readily available services we can offer.

4-The Need for Government Sponsored Research of Mental Illnesses

For those living with serious mental illness and for their families, research into finding the causes of these devastating brain disorders--and eventually figuring out how to prevent them--has always been a top priority of NAMI-NYS. As scientists work to develop a better understanding of the brain and how it works, it is also important to continue to support research that provides for better treatments and improved medications.

According to the World Health Organization, four of the top ten causes of disability worldwide are severe mental illnesses. Major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder account for an estimated 20 percent of total disability resulting from all diseases and injuries. Based on the National Institute of Health's own estimates, for every research dollar spent, 15 cents is allocated to AIDS, 10 cents on cancer, two cents on heart disease, and less than one cent on schizophrenia and other severe mental illnesses. In contrast, the total cost of schizophrenia to society, per research dollar spent, is \$161.26, compared to only \$65.65 for heart disease, \$9.96 for cancer, and \$6.86 for AIDS.

We are fortunate to have two of the leading research facilities in the world right here in New York State: Psychiatric Institute (PI) in Manhattan and Nathan Kline Institute (NKI) in Rockland County.

Thanks to your support, NYS Psychiatric Institute and its affiliate academic partner have maintained their number one position in the nation of grant recipients in mental health from the National Institute of Health. In total, each dollar invested by NYS brought 3 dollars into NYS in the form of jobs and, as importantly, drove real progress. This year witnessed achievements in the science of *suicide risk detection*, the early identification of *children at risk for depression*, and the identification of *individuals at risk for schizophrenia*. Using MRI, scientists at PI have been able to identify changes in the brains of offspring of depressed mothers that predicts risk of depression. A model program for treating first episode psychosis has been developed that has the potential to prevent the disability and morbidity associated with schizophrenia. A diagnostic test for schizophrenia has also been developed to help identify patients who will soon become ill while they are still in the prodromal phase of the illness. The test is done with an MRI procedure and is

non-invasive and without risk. Lives are being saved--and scientists are well on the road to preventing illness. Researchers at the bench and at the bedside are collaborating as never before to address autism, PTSD, and substance abuse. Studies to understand *disparities in access* to mental health care that effect Latino and African American populations and *interventions* to close these gaps along with work to reduce costs associated with frequent users of services remain central to policy-relevant research conducted by our NYS scientists.

NKI has received millions of dollars in grant money which has helped them maintain their international reputation in psychiatric research, particularly in neurobiology and treatment of schizophrenia and major mood disorders. Their discoveries of specific sensory processing deficits in schizophrenia, especially auditory and visual input, are leading to novel strategies for understanding the disorder and its treatment. Their groundbreaking work in the study of *Alzheimer's* and other *dementias* has identified markers showing physiological abnormalities long before the appearance of cognitive decline and the appearance of plaques and tangle. Thanks to a large NIMH grant, they are now collecting and studying brain images on how brain activity impacts on human development and functioning and how it changes over time. The "Rockland Sample" is using citizens from Rockland County aged 6-85 years old. Very new imaging procedures that allow for an MRI scan that is 4 times faster than previous ones, will dramatically decrease scanner time for research participants. Data are being posted on the web in real time so that collaborations and data analysis can become much faster. NKI researchers are also concentrating on *child psychiatry* where they are studying depression, anxiety, PTSD, Tourette Syndrome, and weight issues in youth.

With the scientific advances of recent years, never has there been greater opportunities to make life better for the seriously mentally ill citizens of New York and ultimately save the state significant monies.

According to Governor Cuomo: "...the best way to get New York's economy moving again is by focusing on three things: job, jobs, and jobs." We can do this by renewing our commitment to research and by lifting the hiring freeze at the institutes. New York's investment in the research institutes brings in Research Grant revenues that create jobs for New Yorkers. Through research, we have an unparalleled opportunity to change the lives of the many who suffer from mental illness. Because of research, we are on the brink of real change in how we predict, diagnose, and treat mental illnesses. Research brings much needed grant revenue into New York State. AND RESEARCH IS OUR HOPE FOR THE FUTURE (*and "the future" is now!*)

OTHER PRIORITIES

Education, early intervention and working on prevention are keys to minimizing and hopefully, eventually eradicating mental illnesses.

It is vital that New York's education system do a better job of creating awareness of mental health issues

and warning signs so administrators, teachers and students have a true comprehension of mental health. Mental health education should be integrated into our educational curriculums. This will allow for better recognition of mental illness which will lead to our children getting the proper support they need as well as a reduction in harassment and bullying, which can accelerate mental illness and contribute to an already high suicide rate in adolescents.

This year, NAMI-NYS has partnered with three other organizations; the Mental Health Association in New York State, Families Together in New York State, and the American Foundation for Suicide Prevention, to promote legislation that would formally introduce mental health education into our state's health education curriculum. This important step would significantly raise awareness of mental health issues.

The points of contact between the criminal justice system and persons suffering from mental illness can be dangerous and/or result in poor outcomes. NAMI-NYS supports the expansion of two important innovations, Crisis Intervention Teams and mental health courts, which can significantly improve the odds for a safe and beneficial outcome.

As we are all too aware, contacts between law enforcement personnel and the mentally ill are often dangerous, and sometimes deadly. There is an alternative: Crisis Intervention Teams (CIT). The CIT model was developed in Memphis, Tennessee by Major Sam Cochran to address the special challenges to law enforcement posed by persons with mental illness, and to better serve the community.

The Memphis CIT model has three key components:

- Forty hour training program for law enforcement officers that includes information about mental illnesses and how to recognize them, information about the local mental health system, learning first-hand from consumers and family members about their experiences, and verbal de-escalation training.
- Community collaboration between mental health providers, law enforcement and family and consumer advocates. This group examines local systems to determine the community's needs and agree on strategies to meet these needs.
- Consumer and family involvement in decision-making, planning and leader training.

CIT works. There have been studies that document that CIT significantly reduces the arrests of people with serious mental illnesses, and also reduces the numbers of re-arrests. Individuals diverted receive more counseling, medication and other forms of treatment than individuals not diverted. CIT also reduces the number of injuries to consumers and law enforcement personnel. CIT now functions successfully in a number of jurisdictions, and this is an alternative that needs to be expanded to serve communities across New York State.

In addition to CIT, another important innovation in addressing the issue of mentally ill offenders in New York State has been the implementation of mental health courts. These specialized courts link defendants suffering from mental illness to court-supervised, community-based treatment as an alternative to incarceration. Maintaining people in the community, rather than in jail, is not only a better treatment option, but is also significantly less costly than incarceration.

NAMI-NYS strongly supports maintaining the current mental health courts in New York State, and

expanding this initiative so that this option is available to all New Yorkers.

In closing, we would like to leave you with a passage from the bible: "to everything there is a season...a time."

We all agree that this is a season and time to tighten our financial belts and reduce spending where we can; but the challenge is to do so without jeopardizing the physical and mental health needs of the people of New York.

It is also said that: "The moral test of government is how it treats its most vulnerable citizens -- the sick, the elderly, and the needy." I believe in the government of New York State; and I believe that our esteemed leaders will do the right thing. Thank you for listening.

[i] Holzer, III, C.E. and Nguyen, H.T., psy.utmb.edu.

[ii] U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, (Washington, DC: Department of Health and Human Services, 2000).

[iii] http://www.nyshealthfoundation.org/section/resources/integrated_services_resources

[iv] McIntosh, J. L. (for the American Association of Suicidology). (2010). U.S.A. suicide 2007: Official final data. Washington, DC: American Association of Suicidology, dated May 23, 2010, downloaded from <http://www.suicidology.org>.

[v] National Institute of Mental Health, "Suicide in the U.S.: Statistics and Prevention," 2009,

<http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>, (January 25, 2010).

[vi] http://www.nyshealthfoundation.org/section/resources/integrated_services_resources

[vii] U.S. Department of Education, Office of Special Education Programs, Data Accountability Center, Individuals with Disabilities Education Act (IDEA) Data, "State Rank-Ordered Tables," Table 1.3b, Data Analysis System (DANS), (July 15, 2008), <https://www.ideadata.org/StateRankOrderedTables.asp>.

[viii] Kupersanin, E., "Getting Homes for Homeless is Cost-effective," *Psychiatric News*, (June 1, 2001).