



New York State

2018 Legislative Action Agenda

Continued Reinvestment in Community Services

The methods for delivering mental health services are changing in New York State. The number of hospital beds dedicated to treating psychiatric disorders is shrinking. This is very concerning to NAMI-NYS as many of our members have experienced both the tremendous benefits that hospital care has for our loved ones with serious mental illness as well as the tragic and heart-breaking results of what happens when someone with the most debilitating forms of mental illness do not receive the housing and services they need. Too many of our members have seen their loved ones end up on the streets, stranded in emergency rooms and complete suicide.

Though NAMI-NYS does not want to see beds reduced, we strongly believe that the savings from these reductions be reinvested into services that would afford those living with a mental health disorder the best opportunity to advance their recovery in a community setting.

NAMI-NYS is concerned that the Article 7 language in the Governor's budget proposal does not specifically link the bed closures to an exact dollar amount. We are advocating that this loophole end during budget negotiations and that there is specific reference to a value of \$110,000 a bed for each bed that is reinvested.

NAMI-NYS wants to see community support services in New York State which ensure:

- Practices and services that are recovery, resiliency and wellness oriented, culturally competent and readily accessible
- Residential support services with transportation services and intensive case management
- The availability of all appropriate and effective medications
- Access to both inpatient and outpatient treatment options
- Vocational Training
- Wellness
- Round-the-clock services that are available seven days a week
- That no one would have to travel more than an hour to get to a psychiatric emergency room or crisis service unit.

NAMI-NYS was encouraged that the Governor's budget contains significant investments in Assertive Community Treatment (ACT) teams and Crisis Respite Centers; we believe these a crucial services necessary for appropriate community-based care.