

POINT OF VIEW POINT OF VIEW

Beyond the Politics of Hospital Closures

By Michael B. Friedman, CSW



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The New York State Governor's Budget Request this year includes a proposal to establish a bi-partisan Commission for the Closure of State Psychiatric Centers. It's the right thing to do.

For the past few years progress in community mental health in New York State has been stymied by the politics of hospital closures. The Governor has proposed closing state psychiatric hospitals in *The Executive Budget Request*. Local communities, which would take an economic hit and lose services, have reacted with outrage. Unions which represent state workers have fought to retain jobs. Family members who have come to rely on these particular state facilities have reacted with fear about what will happen to their loved ones. Some mental health advocacy organizations have opposed the closures because of concerns about loss of vital services without a clear plan to replace them. And in response to all this agitation, the Legislature has recoiled in political horror and refused to go along with the Governor.

Given the lack of public planning for hospital closures, the Legislature's response is understandable. But in fact it makes good economic sense to close more psychiatric centers. The same number of beds can be provided in fewer hospitals. Why spend money to renovate and maintain inpatient facilities if (and this is a big if) the same services can be provided elsewhere? So much is needed

to provide a comprehensive community-based mental health system that every effort should be made to take the savings that are possible without loss of necessary services and to reinvest them in community services.

The Commission the Governor has proposed can help the state move past the politics of closure. But to do so it will need to address some very tough questions. In general it will have to determine what the impact of particular closures is on patients and their families, on local mental health systems, on the education of mental health professionals, on state workers, on the mental health system, and on the economy of the community. The Commission will also have to determine how much will be saved, what assurance there is that the savings will be reinvested in community-based services, and whether these gains counterbalance the unquestionable pain that will be caused in economic losses and in increased difficulty of access to services for some people.

Here are some critical questions the Commission must be able to answer about each hospital considered for closure.

Impact on Service

- What are the fundamental facts about utilization? Capacity? Occupancy over the past two years? Annual admissions? Average length of stay? Number of long-term patients?
- What are the current discharge patterns? How many patients are discharged to adult homes? How many non-geriatric patients are discharged to nursing homes? How many patients are discharged to facilities outside the local community? How many go out of state?
- What is the geographic distribution of patients and their families? How many families are able to visit using public transportation that takes one hour or less?
- To what facilities would patients be transferred? How far away are they? What provisions would be made for families to visit?
- Will outpatient services be expanded?
- In general, what is the plan to serve

the populations currently served by the facility that will be closed?

Impact on the Local System of Care

- To what extent is the facility an element of the local system of care?
- Does it provide acute admissions, intermediate care, or only long-term care?
- What are the referral sources to state psychiatric centers? Where will they make referrals if the facility closes?
- Are there local facilities which can provide acute and intermediate care? How much acute and intermediate care is currently provided outside of the local community?
- To what extent will changes in systems other than mental health increase or decrease need for the services currently provided by the facility?
- In general, how will the functions served by the state facility in the local system of care be replaced?

Costs and Savings

- What renovations are required to have an adequate physical plant?
- How much will these renovations cost? Capital costs? Debt service costs?
- How much will be saved by closing the facility if the beds are transferred to another facility?
- How will the savings be used?
- Is it possible to sell the land for other uses? Can the land be used to provide housing and community services for people with mental illnesses? How will it be used?
- In general, will savings in capital and operating expenses be reinvested in community mental health or will they dissipate in general state savings?

Impact on Education of Mental Health Professionals

- What training programs currently

use the facility as a training site? How many people are trained annually? What professions? What specialties?

- Will training be discontinued? If so, what will be the loss in the development of well-trained mental health personnel? If training will be continued, what is the plan?

Impact on Employees

- How many jobs will be eliminated?
- What percentage of new jobs in the community will go to state workers?
- What efforts will be made to help employees find new state jobs? Other jobs?
- What is the anticipated impact of employees with seniority bumping employees who have special training and/or experience serving special populations?

Impact on the Economy of the Local Community

- What is the anticipated economic impact on the local community?
- What provisions will be made to help the community develop economic alternatives?

These are tough questions, but they need to be answered, and answered publicly, because too many people are affected by hospital closures to take them lightly.

The bi-partisan Commission proposed by the Governor is the right way to take on the issues. Let's hope that it can be done with a minimum of political posturing and that decisions can be made which will make it possible for New York State to regain momentum towards the development of a high quality, comprehensive, community mental health system.

Michael B. Friedman, CSW is The Director of The Center for Policy and Advocacy of The Mental Health Associations of New York City and Westchester. The opinions in this article are his own and do not necessarily reflect the positions of The Mental Health Associations.