



***The Center for Policy and Advocacy  
of The Mental Health Associations of New York City and Westchester***

**CLOSING STATE PSYCHIATRIC CENTERS**

Testimony At A Hearing Of The Mental Health Committee Of  
The New York State Assembly

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By

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## **CLOSING STATE PSYCHIATRIC CENTERS**

My name is Michael Friedman, and I am the Director of the Center for Policy and Advocacy of The Mental Health Associations of New York City and Westchester. The MHAs recently formed the Center in order to foster the development of mental health policy responsive to the long-term needs of people with mental health problems rather than merely reactive to the critical concerns of the moment. We are pleased to have an opportunity to testify at this hearing because it is about a proposal to close facilities in 2005. There is time for thoughtful planning.

Our primary goal today is to propose the establishment of a rigorous, public process of review of all proposals to close State psychiatric centers. In a sense we are proposing a reverse certification of need process, in which the State is required to demonstrate either that there is no longer a need for the state psychiatric center it proposes to close or that it has plans to meet the need in sound, alternative ways.

The process would require the state to provide written answers to a number of critical questions, to make this material available to the public, and to hold public hearings in the localities which are served by the facility to be closed.

Obviously such a process could become a barrier to closures. That, however, is not the spirit in which we make our proposal. We believe that over time state psychiatric centers should be closed, but that when they are closed services should be in place to take up the slack.

That is not to say that we believe that the population of state psychiatric centers overall should be reduced further. We do not know whether more beds can be

responsibly reduced in state hospitals and believe that it would be useful to attempt to determine how many beds are needed for the next five years or so.

Since projections about bed need depend to a large extent on the availability of alternative community-based services, the determination of bed need must be linked to the development of a comprehensive, detailed multi-year plan for mental health services.

Despite the absence of such a plan, it seems clear to us that responsible hospital closures are possible. The same number of beds can be provided in fewer hospitals, and it makes good economic sense to close more psychiatric centers. 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 issue today, however, is not one of general principle but of specific decisions about specific facilities in specific places. To make a specific decision about Bronx State, Bronx State Children's, or any other state facility, specific questions need to be answered. You have raised some of the most important questions in your announcement of the hearing. What is the impact on patients and their families, on employees, on the mental health system, and on the economy of the community? I would add two other general questions. What is the impact on education of mental health professionals? What is the cost of keeping the facilities open and how much will be saved by closing them? But we need to be much more specific about these questions, and the balance of my testimony will be devoted to outlining the questions we think the NYS Office of

Mental Health should answer before a decision is finally made about whether to close any state psychiatric facility.

#### Impact on Service

- ◆ What services will be closed? Inpatient? Outpatient?
- ◆ Will outpatient services be expanded?
- ◆ What is the capacity of the facility? What is the occupancy over the past two years?
- ◆ How many admissions are there annually? What is the average length of stay? How many patients have been in the hospital for over two years?
- ◆ 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?
- ◆ 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? (For example, we know that a great many children from the Bronx already get psychiatric inpatient treatment in Westchester and other areas.) How many more will have to be served outside the local community if the state facility closes?
- ◆ To what extent will changes in systems other than mental health increase or decrease need for the services currently provided by the facility? (For example, The Administration for Children's Services in NYC has announced its intention to reduce residential treatment slots. Will this create additional demand for psychiatric inpatient services for children in the Bronx?)
- ◆ 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? If so, how will the proceeds be used?
- ◆ Can the land be used to provide housing and community services for people with mental illnesses?
- ◆ In general, will savings in capital and operating expenses be used to preserve *local* social capital 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 specialities?
- ◆ How important are the training and education programs at the facility? (For example both Bronx Psychiatric Center and Bronx Children's Psychiatric Centers have a long and eminent history as training and education sites for Einstein Medical School.)
- ◆ 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?
- ◆ How many employees will be transferred to other positions?
- ◆ 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?
- ◆ For example, will NYS provide funding and/or other resources to support economic planning by the community?

Some people will undoubtedly regard the questions and the process of review that we have proposed as barriers to needed change. That is not our intention. When New

York State first closed a psychiatric hospital (Harlem Valley), I was Regional Director of The Office of Mental Health in the region where it was closed. Because of that first hand experience, I am confident that psychiatric centers can be closed with few bad effects on patients and their families and with reasonable, if imperfect, accommodations for the employees. (I think it is more difficult to avoid harmful economic consequences for local communities where the psychiatric center is the largest business.)

But successful closures require careful planning and preparation. While the public process of review we propose undoubtedly will create political tremors, it will also require just the kind of thoughtful planning that successful closures depend on. And, as I have said, we make this recommendation in the spirit of good planning for hospital closures, which we believe are inevitable and appropriate in New York State.

Thank you for the opportunity to testify today.