THE CENTER FOR POLICY AND ADVOCACY
OF THE MENTAL HEALTH ASSOCIATIONS OF NEW YORK CITY AND WESTCHESTER

PRESERVING ESSENTIAL MENTAL HEALTH SERVICES IF GENERAL HOSPITALS CLOSE

Testimony at a Hearing of the New York State Office
of Mental Health on the 5.07 Plan 2006-10

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By
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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. I appreciate the opportunity to speak today about OMH's current 5-Year plan.

I will focus my comments on a single concern—the lack of discussion in the plan of The Commission on Health Care Facilities for the 21st Century.

We have become very concerned that the Commission could produce recommendations that inadvertently result in the loss of vital behavioral health services. We believe that there should be a rigorous planning process regarding behavioral health services so as to assure that vital services are preserved. And we believe that OMH should work closely with The Commission on the development of this plan.

We are worried about the possible impact of the Commission on behavioral health services in New York because it would not be surprising if the Commission focuses on big ticket cost items. Since mental health and substance abuse services constitute less than 10% of hospital costs, they could seem to be a minor matter from the standpoint of those looking for big savings.

From the standpoint of the mental health system however, general hospitals are anything but minor. In fact they constitute 37% of all spending on public mental health in NYS and provide 65% of psychiatric hospital beds. They also provide crisis services, outpatient services, case management, assertive community treatment and more for many thousands of New Yorkers each year.

It is also important to keep in mind that while overall utilization of beds in general hospitals hovers around 65%, utilization of psychiatric beds is closer to 90%--nearly full utilization. There are quite a number of hospitals in NYS with very low utilization of

medical-surgical beds but high utilization of psychiatric beds. Thus, decisions based on overall utilization of hospitals rather than on utilization of behavioral health services could result in significant losses of heavily utilized psychiatric facilities.

Our first contacts with the Commission have been somewhat encouraging. They appear to be genuinely concerned about behavioral health services, albeit uncertain how to develop appropriate plans.

But we remain concerned because many leaders within the health system do not appear to understand that New York's general hospitals are a key element of the system of community-based services that was devised in the late 1970's in response to the failures of deinstitutionalization. Between 1968 and 1973, NYS reduced beds in state psychiatric hospitals from 80,000 to 40,000. The result was disastrous for tens of thousands of people, many of whom moved into squalid and dangerous single room occupancy apartments in very poor neighborhoods or into adult homes unprepared to serve them. It was also very tough on the thousands of families who took their relatives in.

In 1978, New York State responded to the failures of deinstitutionalization by introducing the community support program. Housing, rehabilitation, case management, and other community supports were put in place to help people with psychiatric disabilities lead tolerable lives in the community. Outpatient services were expanded in community mental health agencies, state psychiatric centers, and general hospitals. The state also approved expansion of psychiatric beds in local general hospitals in preference to maintaining beds in overcrowded, low quality, often dangerous state hospitals. This policy also allowed the state to replace state dollars with federal Medicaid dollars.

In essence NYS created a tripartite structure for community based mental health, a structure composed of expanded community mental health agencies, smaller and much improved state psychiatric centers, and general hospitals. This fundamental structure remains in place today.

We have come to the fairly obvious conclusion that before the Commission makes recommendations, there must be a rigorous, public process of review of all proposals that would result in the loss of behavioral health services. We believe that the Commission and the NYS Office of Mental Health should jointly cast a plan that takes into account possible closures of general hospitals and nursing homes and assures that adequate alternatives will be in place **before** general hospitals providing vital behavioral health services are closed or people with mental disorders are discharged from nursing homes.

The plan should be based on specific answers to specific questions about specific facilities including:

- What behavioral health services does the facility provide? Crisis? Inpatient? Outpatient? Case management? Etc.
- What populations does the facility serve: children, adults, and older adults?
- What is the inpatient and outpatient capacity of the facility?
- What is the utilization over the past two years?
- How many admissions are there annually? What is the average length of stay?
- What are the hospital's referral sources? Where will they refer if the hospital closes?
- What are the current discharge patterns? How many patients are discharged to shelters, nursing homes, or adult homes?

- Can current capacity be transferred to another facility in the **local** community? How far away is it?
- 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 been reducing residential treatment slots. Will this create additional demand for psychiatric inpatient services for children?)
- 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 elsewhere, what is the plan?
- What will be the operating cost savings?
- What impact will closure have on paying off bonds and mortgages?
- If the services are moved elsewhere, how much will the new costs be? How much will renovations and new construction cost? (Capital costs and debt service?)
- How much will the net savings be?
- Can the land and buildings of closed hospitals be used to provide housing and community services for people with mental illnesses?

Just to be clear, we believe that it may be possible for NYS to meet its people's behavioral health care needs with fewer hospitals and nursing homes, and we are not opposed to closures in principle. Our concern is that behavioral health service capacity be preserved *in local communities* if hospitals or nursing homes are closed. It may even

be possible to develop interesting alternatives to hospital-based services, such as crisis residences and step-down residential services.

As OMH knows from its own experience closing state hospitals, responsible closures require rigorous planning and the development of adequate alternatives **before** closures take place.

Over the past quarter century NYS has made considerable progress towards building a decent community-based mental health system. General hospitals have been an essential element of that system. It is frightening to think that so much of the progress of the past 25 years could be undone if this Commission does not devote appropriate attention to behavioral health needs.

The Center for Policy and Advocacy has begun to gather and analyze data that will be needed to cast a responsible plan. We would be delighted to share our findings with the Office of Mental Health and hope to work collaboratively with the Commission and with you to do the kind of rigorous planning that is needed.