



**STATE OF NEW YORK
OFFICE OF MENTAL HEALTH**

**ASSEMBLY STANDING COMMITTEE ON MENTAL HEALTH
SENATE STANDING COMMITTEE ON MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES AND THE SENATE STANDING
COMMITTEE ON HEALTH**

REGIONAL CENTERS OF EXCELLENCE

LITTLE THEATER

ROOSEVELT HALL

SUNY FARMINGDALE

FARMINGDALE, NEW YORK

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2:00 PM

Thank you, Senator Carlucci, Senator Hannon and Assemblywoman Gunther, for inviting the New York State Office of Mental Health (OMH) to submit testimony at this important hearing concerning OMH's Regional Center of Excellence (RCE) Plan.

OMH's mission is to promote the mental health of all New Yorkers. Our agency is particularly focused on providing hope and recovery for adults with serious mental illness and resiliency for children with serious emotional disorders. OMH is committed to the belief in a better tomorrow for individuals struggling with mental illness – the belief in a productive life outside of an institution.

Overview

The State of New York has a long history of providing comprehensive services for those who are most in need, including persons with serious mental illness. Toward that end we built the largest and most extensive system of hospitals in the nation, to care for such individuals. We have no intention of backing away from our commitment to supporting individuals with disabilities, and are proposing the RCE plan to maintain this tradition.

At the time the State hospital system was built, long term hospitalization was the state of the art for serving persons with mental illness. Over time, however, the treatments available for addressing mental illness, and the philosophy and laws concerning the institutionalization of our fellow citizens, have evolved to the point where these large facilities are no longer the state of the art, and there is a broad consensus among clinicians, recipients of services and the courts that services should be provided in the community to the degree possible. Moreover, under the U.S. Supreme Court's "Olmstead Decision," in a case brought under the Americans with Disabilities Act (ADA), it is clear that individuals with disabilities have an established legal right to care in the "most integrated setting appropriate" to their needs.

The RCE plan envisions bringing the State system into alignment with the state of the art in serving citizens with serious mental illness by moving the locus of care into the communities. Large hospitals are, by their nature, static and expensive to support and maintain. Too many resources are taken up with infrastructure while the flexibility to meet the needs of individuals and assist in their recovery is limited.

By maintaining smaller, more specialized hospitals-- and freeing up some of the resources currently devoted to bricks and mortar—we will be able to serve more individuals in a community setting, and to respond more flexibly, and thus more effectively, to their needs, and the needs of their families and their communities.

We believe that the RCE plan achieves this in a balanced way, by maintaining approximately 85% of the inpatient capacity in the system to ensure that the full continuum of services remains available, and that New York maintains its well-deserved reputation as a State that cares for those in need.

The Need for Change

The time has come to fundamentally change the way we think about mental health in New York State. Quite simply, New York State cannot keep the mental health system as it is today. Due to various forces beyond our control, the “status quo” is not an option.

New York State has a legacy system of 24 State-operated psychiatric hospitals, by far the largest system in the United States. California, with over 38 million residents, has only 5 State-operated psychiatric hospitals. Our State-operated psychiatric hospital system is more than three times the size as the second largest State system, Texas, which operates 8 hospitals. New York taxpayers cannot afford the financial commitment to an outsize and largely underutilized facility footprint.

Maintaining an oversized State hospital system is not good for the people OMH serves and consequently underfunds community mental health. OMH spends 20% of New York’s public mental health dollars to serve 1% of the people receiving public mental health services. 10,000 people receive costly inpatient care each year, while 700,000 receive care within their communities.

There are various forces, apart from budgetary pressures, which demand OMH’s attention and action. The U.S. Supreme Court’s “Olmstead Decision,” in a case brought under the Americans with Disabilities Act (ADA), ruled that individuals with disabilities have a right to care in the “most integrated setting appropriate” to their needs. All states’ systems of inpatient care are actively being monitored for “Olmstead” compliance by the U.S. Department of Justice (DOJ) and DOJ has already become involved in 46 ADA/Olmstead cases in 22 States and the District of Columbia.

The stigmatization of individuals with mental illness continues to create significant barriers to community-based care. Unfortunately, most Americans continue to believe that persons with mental illness are dangerous. This untrue and discriminatory categorization of a significant segment of the population has contributed to the historical reluctance of individuals to accept or commit to a shifting of mental health resources into the community. In reality, the MacArthur Community Violence Study found that: “The prevalence of violence among people who have been discharged from a hospital and who do not have symptoms of substance abuse is about the same as the prevalence of violence among other people living in their communities who do not have symptoms of substance abuse.” As a society, we must evolve our thinking and fight back against stigma-based opposition to the rights of individuals to receive care close to home and within the community.

Recovery is no longer a far off goal requiring lifelong hospitalization, but a reality for thousands of New Yorkers. The majority of OMH inpatients no longer stay within our facilities for long periods of time; in many cases finding their personal recoveries in supported community settings. With the advent of modern medicine and intensive community-based treatment, we see thousands of individuals who in another time would have been relegated to life within a hospital, now living successfully within their communities, working and continuing their education. Supporting such recovery is the goal of our agency.

The Vision of Change

As you may know, over the past few months OMH met with over 30 communities, members of the Legislature and labor organizations to explain the forces of change that will impact the mental health system. During the “Listening Tour,” OMH shared its vision to strategically position OMH for the future. Thousands of comments were received, which guided the development of this plan. New Yorkers registered excitement about the future and concerns about access to service, gaps in the system, lack of employment opportunities, the need for housing, and the impact of decommissioning buildings upon localities. The release of this plan coupled with the required statutory one year notice of significant service reduction, consolidation or closure, marked the start of a multi-year transformation.

First and foremost, the redesign of the public mental health system must be good for the children, adults and families we serve. OMH knows how to promote resiliency in young people with serious emotional disturbance and how to promote recovery from serious mental illness for adults. Through providing access to early care across the lifespan we can reduce suffering and improve health with the best return on our investment. Behavioral health services are provided by primary care, specialty community providers, the Department of Veterans Affairs, county government and New York State. Services are financially supported through private insurance, Medicaid, Medicare, philanthropy, private grants as well as Federal, State and County funds. None of us stand in isolation and our system of the future must come together to seamlessly meet the needs of the individuals and families we serve. Improving the health, resiliency and recovery of those with mental illness through a high return on investment is our collective responsibility.

Importantly, improved access to safe and affordable housing for individuals with a mental illness is essential and will require action on the part of OMH and others.

Achieving this goal will support the State’s Olmstead planning for “most integrated setting” living for individuals with psychiatric and other disabilities. The role for OMH state-operated services in the future is as a highly specialized provider focused on the treatment and support of individuals and families who encounter the most complex and challenging forms of mental illness.

Choice in health care is paramount. OMH’s RCE plan includes the elimination of catchment areas, allowing individuals and families to make their own choices about where they will receive specialty behavioral health treatment. We heard about very innovative and effective services while on the Listening Tour. Across the State, staff are leading the way with Community Support Teams, Wellness Centers, and integration of care with pediatricians and partnerships with local housing providers.

The Path of Change

The RCE plan does not merely reduce some inpatient capacity, but will reduce the need for inpatient hospitalization through expansion of effective community-based services and supports. Even after full implementation, OMH will maintain fifteen psychiatric hospitals and approximately 85% of our current inpatient capacity. Our future system will allow OMH to better fit the needs of the individuals we serve and reduce reliance upon hospital based treatment. We also agree with the voices of many prominent mental health advocates who have noted that to successfully implement this plan there must be sufficient reinvestment of State staff and/or other resources into the community to ensure that necessary and innovative

services and supports are in place to meet the needs of those who would otherwise have been served in our State hospitals.

OMH is creating a specialized inpatient system for those individuals who still require such services, partnering with institutions of higher learning to continue our history of innovation. The remaining inpatient need will focus on specialty assessment, treatment and stabilization with an emphasis on recovery and return to the community, and making “every day matter.” OMH will bring research and education to mental health service provision as never before, using regional institutions of higher learning to drive innovation at the local level, with tangible benefits for those who receive our services. In order to maximize quality of care, each Regional Center of Excellence will place early detection and intervention, best-in-nation services and treatment, assistance with housing, education and employment, as well as accountable care management and coordination, all under one roof.

OMH is also proposing new services to help family members to continue to be involved in their loved ones inpatient treatment. Potential innovations such as “concierge services,” travel assistance, hospitality houses and videoconferencing, will help to keep families close together through recovery.

Based upon average length of stay, by this time next year, the majority of current OMH inpatients will have returned to the community, thanks to the recovery and resilience offered within outpatient settings. Through early intervention made possible by investments in community services, mental illness will be treated earlier, leading to higher levels of lasting recovery, a reduction of suffering, and a better return on healthcare investment.

The RCE plan is an investment in community-based services. Under the RCE Plan, OMH is creating 26 new regional community hubs to administer expanded outpatient services throughout the State. These hubs will be staffed by many of OMH’s current State inpatient care employees, who will bring their years of experience to the community and extend both the breadth and quality of behavioral health services and supports. Enabling individuals to receive care in the community allows them to stay employed, in school and close to family.

OMH believes that our workforce is our greatest asset. OMH has dedicated, talented and experienced staff, who are committed to our mission and the people we serve. To best utilize the terrific resource we have within our workforce, OMH has made a commitment to continuity of employment.

As we expand community-based services, we plan to reinvest a significant portion of our workforce to support community services. In some cases the position may involve employees doing something different from what they are doing today, for example: working in a community program instead of an inpatient setting, or working with a different population. We are exploring options for staff to provide support to individuals in care in community settings through new programs and services, providing respite care, assistance preparing meals, maintaining their residence, developing employment and daily living skills, etc.

The Plan for Change

OMH has outlined an ambitious, transparent and community-based process for the regionalization of services. OMH has created RCE Implementation Teams to examine and make specific recommendations regarding the form and function of community-based services in five regions of the State. These teams are Tri-Chaired by an OMH Executive, a County

Director of Community Services and a Community Representative. The body membership is comprised of 15 individuals representing families, stakeholders, providers, consumers and community leaders. The RCE Implementation Teams will develop reports in the fall of 2013, which shall include recommendations for the development transformation of community-based services and supports within their region that are most needed and will be most effective within their region.

A multi-year plan allows for communities to make preparations for the changes ahead.

OMH's plan is phased in over three (3) years, allowing for priority setting and meaningful community level planning. A multi-year plan provides needed time for community-level planning and priority setting, staff training as well as establishment of support services in the community. Predictability and future vision will help to align the resources needed to achieve the goal of "recovery for all."

Investment in mental health services and supports that are community-based are essential to getting reorganization right. Identifying investment needs and resources will be a primary charge of the RCE implementation teams. For too long we have had two factions within behavioral health, state services and community services. As we all enter into a managed care environment, it is essential that we come together to ensure that New York has adequate behavioral health capacity.

In order to move the community service agenda forward, OMH will seek to identify reinvestment of resources through the following:

- Identification of needed services by the RCE Teams for investment in community services.
- Shifting much of our workforce into community services. This will result in an expansion of the capacity and types of community services that are available.
- Assessing the maintenance requirements of buildings that OMH will no longer need. In decommissioning buildings, OMH will actively work with Empire State Development Corporation, the Dormitory Authority, and potentially the START-UP NY initiative to seek alternative uses for our properties.
- Assessment of housing needs will be identified.

OMH seeks a labor/management partnership to implement workforce changes in a way that is fair, and values employee preferences and seniority to the greatest extent possible.

We are exploring a number of options to help employees and they will include:

- Voluntary Reassignment within the OMH system
- Support to pursue employment with other State agencies
- Opportunities to remain employed by a Regional Center for Excellence
- Retraining to support OMH employees moving into new roles
- Expanded employment opportunities in community programs and services

Conclusion

OMH believes that it is important that the RCE Plan be carefully reviewed in light of the changing health care financing and delivery system and we welcome your comments and questions. Thank you again for inviting the Office of Mental Health to deliver testimony at this hearing. We share your commitment to addressing the needs of persons with psychiatric disabilities and we hope by working together we can create a stronger system and a brighter and better future for the State of New York.