



## Making the Case: Transforming Children's Mental Health Services in Western New York

Children who are experiencing serious emotional problems deserve to be treated in the most integrated, least restrictive community setting possible. Children do best when they remain with their families and in their natural school setting, supported by family and peers.<sup>1</sup> The Office of Mental Health's (OMH) reinvestment plan and strategy for Western New York embodies the values of community-based care and imagines a better future for New York's children.

To this end, we should be moving to offer alternatives to hospitalization, such as early childhood supports, urgent community based mental health care, and ensuring that every child has access to the mental health care that he or she needs, when and where he or she needs it. We can reduce a dependence on children's psychiatric hospital beds by offering community alternatives and treatment options earlier on, thereby decreasing the likelihood that an inpatient hospital stay would be necessary. [National data](#) on children's inpatient beds show New York State as a significantly higher outlier in the number of children's facilities and per capita inpatient beds.<sup>2</sup>

To date, OMH has invested more than \$1.5 million for community services in Western NY that are evidence based alternatives to hospitalization. These expanded services include:

- **24 Home and Community-Based Services (HCBS) Waiver** slots, which include crisis response, respite services, in-home support services, care coordination, family support, and skill building for children and families.
- [Western New York Children's Mobile Integration Team \(MIT\)](#), which provides the clinical intervention and support necessary to successfully treat and keep children in their home or community. The team provides an array of services aimed at addressing the individualized emotional, behavioral, and mental health needs of children and their families.
- **Children's Outpatient Clinic Expansion**, to allow for greater clinic access through the siting of staff in satellite locations, potentially including local schools.

As part of transforming the services in Western New York the inpatient beds currently located in West Seneca would be relocated to Buffalo. The excellent clinical staff and programs will be moved to the Buffalo campus in a state-of-the-art facility that will provide the highest quality care. All inpatient treatment, education, recreation space — both indoor and outdoor — will be especially designed for youth and completely separate from the adult services on the Buffalo campus.

The advantages of relocating Western NY Children's Psychiatric Center (WNYCPC) to Buffalo are many. The goal of inpatient care is to be a short term intervention that provides long term positive outcomes for the child and family. A critical aspect of achieving this end is the child's

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<sup>1</sup> Page 4 of this document includes citations on major national resources and academic studies supporting children's care in supportive community environments.

<sup>2</sup> Source: SAMHSA 2013 Uniform Reporting System (URS) Data.

proximity to their family. Accessibility is not only beneficial to the child who remains closer to their community; but also to the family who is better able to participate in a consistent and meaningful way in their child's care and treatment. The majority of youth served at the WNYCPC are from Buffalo and therefore, family involvement in treatment becomes easier.

There is no doubt that providing transportation for families to visit and participate in treatment at WNYCPC is helpful, but their ability to access the facility with public transportation increases their independence and choice. This allows families to choose when and how they will be involved in their child's care. They have an increased ability to participate in their child's educational programming, treatment meetings, meal times, and bed time routines. Families can elect to put their child to bed every evening. For families who are not from the Buffalo area, there will be greater access to accommodations and public transportation systems.

Another benefit of the proposed relocation will be the increased proximity to Erie County Medical Center and Brylin Hospital, which are primary referral sources to WNYCPC. The location not only supports the family's involvement in the admission process, but also the discharge process. Being located in Buffalo will undoubtedly have a positive impact on the discharge planning process in that the family will have improved access to the treatment team, as well as the potential for closer collaboration with the youth's home school, their natural support network and community based providers.

Relocation to Buffalo will also allow for increased access to cultural and community activities. Youth will be able to visit the Albright-Knox and Burchfield-Penney art galleries, Delaware Park, the Buffalo History Museum and the Buffalo Zoo. A newly renovated historical building located on the BPC campus houses a hotel with beautifully landscaped grounds, including gardens and walkways that are open to the public and accessible to families visiting their children.

While WNYCPC currently has an active residency and internship program, the relocation to Buffalo will enhance internship experiences by providing learning across the life span for medical, nursing, psychology, and social work students from affiliated universities and colleges.

In regard to the fiscal implications of relocating WNYCPC to BPC—OMH will save about \$4 million annually from eliminating the fixed costs associated with operating a freestanding campus including administration, support, maintenance, utilities, and physical plant costs. These operational savings are critical to fund the State's reinvestment commitments to significantly expand community based services in Western NY. Importantly, as we move forward with OMH's Transformation Plan, we will make our inpatient services more efficient and clinically efficacious to be competitive in a managed care environment. Already, length of stay consistent with best practices and national benchmarks have decreased significantly in the past decade. Ten years ago youth spent 105 days on average in our inpatient facilities<sup>3</sup>, and today spend on average 85 days<sup>4</sup>, thus returning sooner to their families and communities.

OMH will also achieve capital cost avoidance associated with no longer maintaining the West Seneca campus. The building that the Western New York Children's Psychiatric Center presently occupies was designed in the mid-1960s. The building has not seen any global improvements to structure, finishes, or systems since it opened in 1969. With few very minor exceptions, all of the mechanical and electrical system components, floor and wall finishes, and most of the building elements (doors, windows, etc.) are exactly as originally installed in 1969.

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<sup>3</sup> Source: Mental Health Automated Record System (MHARS) 2005 Average Length of Stay Data

<sup>4</sup> Source: State Facility Enterprise Reporting (SFER) 2015 Average Length of Stay Data

Yet ultimately, this proposal is not about saving money. It is about improving and expanding children's mental health services in the region, focusing more on early and effective community services that will reduce the need for hospitalizations. In fact, thanks to the legislature and Executive working together on this matter, any savings that may result from efficiencies are automatically required by current law to be invested in new services.

For all these reasons, OMH believes that the movement of WNYCPC and their current staff to newly designed state of the art space at BPC should be supported. This move will fund sorely needed services that keep families intact, and appropriately keep children and youth in their home and schools.

The next page includes citations and summaries to three benchmark national reports that make the case for expanding children's community services consistent with the OMH mission to better serve the children and families of Western New York.

***Below are citations to major national reports and academic studies supporting children's care in community environments:***

National Alliance on Mental Health (2009). *Reinvesting in the community: A family guide to expanding home and community-based mental health services and supports*. Arlington, VA.

A guide published by National Alliance on Mental Health (NAMI) helps families understand the utility of home and community-based treatment. The guide highlights that inaccessible, ill equipped or non-existent home and community-based services can cause youth to be placed in more restrictive settings than is necessary—which in turn, has a detrimental impact on the youth's development. The report highlights some of the essential home and community-based services that can be used to help keep children at home and in their communities including, early identification and intervention, intensive case management, therapeutic foster care, mentoring/behavioral aides, respite services, crisis stabilization/mobile crisis services, clinical interventions and supports, and family support and education.

The President's New Freedom Commission on Mental Health. [\*Achieving the promise: Transforming mental health care in America. Final report.\*](#)<sup>☒</sup> DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

In a publication presented to the President of the United States, the New Freedom Commission on Mental Health posits, "Evidence shows that offering a full range of community-based alternatives is more effective than hospitalization and emergency room treatment (US Surgeon General 1999)...In particular, community-based treatment options for children and youth with serious emotional disorders must be expanded. Creating alternatives to inpatient treatment improves engagement in community-based treatment and reduces unnecessary institutionalization. These young people are too often placed in out-of-state treatment facilities, hours away from their families and communities. Further segregating these children from their families and communities can impede effective treatment." (p. 29). [Access the full report;](#)<sup>☒</sup> see Goal Two, "Mental Health Care is Consumer and Family Driven".

U.S. Surgeon General (1999). [\*Mental health: A report of the surgeon general.\*](#)<sup>☒</sup> Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

According to the U.S. Surgeon General's report, "the fundamental components of effective service delivery, which include integrated community-based services, continuity of providers and treatments, family support services (including psycho-education), and culturally sensitive services, are broadly agreed upon" (p. 22). This report presents the efficacy of home and community-based services for youth, and the need to increase the quantity and quality of such services to better accommodate children and their families. [Access the full report;](#)<sup>☒</sup> see Chapter Three, "Children's Mental Health".