



**Joint Legislative Hearing on 2016-2017
Executive Budget Proposal
Mental Health & Hygiene**

**Testimony of the
Save Our Western New York Children's
Psychiatric Center (WNYCPC)
Advocacy Group**

Opening Remarks

Good Afternoon Committee Chairs and Members of the Joint Budget Committee. My name is Stephanie McLean-Beathley, I am currently a social worker for the Office of People with Developmental Disabilities (OPWDD) and was employed at Western New York Children's Psychiatric Center for ten years as a social worker. I have been working with a group of parents, self-advocates, graduates, and mental health professionals in Western New York for several years to oppose a portion of the so-called Western New York Children's Service Expansion proposed by the Office of Mental Health (OMH).

It is my hope that the testimony I have prepared will be given careful consideration and begin a dialogue between stakeholders and members of the New York State Legislature regarding services in Western New York. On behalf of the advocates with Save Our Western New York Children's Psychiatric Center, thank you for the opportunity to comment on Governor Cuomo's Fiscal Year (FY) 2016-2017 Executive Budget Proposal and its impact on children's inpatient psychiatric services in Western New York.

Before we delve into the specifics of our policy proposal, I would like to provide a few lines of background for those that may be unfamiliar. The current plan proposed by OMH is a strategy and reinvestment plan for Western New York seeking to consolidate the Western New York Children's Psychiatric Center with the Buffalo Psychiatric Center (BPC). BPC is a long-term inpatient facility for adults being treated for psychiatric illnesses on the Richardson Olmstead Complex in the City of Buffalo. The current facility for children and adolescents is distinct on an idyllic campus in suburban West Seneca. Families and advocates have opposed the move to an adult facility, citing concern for patient safety and quality outcomes. Parents of young children especially have been concerned with the co-location of services, and advocates have voiced concerns regarding the spaces that will have to be shared in shifts on the new campus and former patients have expressed that seeing adult patients (out windows) will cause their sense of hope to evaporate – many may give up as they don't want to grow up to be these adults.

There are several provisions in the plan that the advocates support such as an increase in Home and Community-Based Waiver (HCBS) slots, the Mobile Integration Team (MIT), and the children's outpatient clinic expansion which will provide greater access to services through satellite locations. We applaud the efforts to bolster community-based services for children and adolescents, however continue to have concerns regarding the consolidation between the facilities. This plan is addressed and funded in the Governor's budget despite ongoing opposition during stakeholder meetings held in Buffalo and numerous hearings held by the legislature and the Office of Mental Health.

The consolidation portion of this plan is similar to the original Regional Centers of Excellence plan put forth by OMH which was met with opposition by stakeholders and eventually laid aside. Our testimony isn't offered to preserve the status quo but to remind policymakers of potential consequences of the consolidation plan from OMH and propose the development of a viable alternative that will better serve children, adolescents, and their families in our region that are courageously working to overcome the challenges presented by psychiatric illness – most as a result of early adverse childhood experiences (trauma). We recognize that the state cannot

sustain continued escalation of inpatient cost and that many can be treated in an integrated and unrestricted setting¹. We want to be a partner in reducing the reliance on inpatient services in a way that decreases the necessity for inpatient hospitalization, but the input of providers in the region regarding the continuum of services and the efficacy of these programs is paramount to building the right services for our children. Consistently CPC has a waiting list – short-term, intensive therapy in a safe environment where they can heal is life-saving. There are strengths to the current services delivery structure but deficits as well. The costs both human and financial are untold if there isn't an honest assessment of the current infrastructure's ability to support a consolidation and subsequent reduction in inpatient beds. Part of this is the recognition of children's and adolescent's services: They must remain distinct at all costs. These concerns are related to quality of care measures. WNYCPC has been a strong partner for families in the community and has worked tirelessly to help children and families through psychiatric illness in an environment tailored to their unique needs. They are not little adults, they are children and they are our future.

OMH has stated they will save about \$4 million annually from the elimination of fixed costs associated with operating a freestanding campus including administration, support, maintenance, utilities and physical plant costs². The advocates through their work with our healthcare consultants have put forth an alternative to the consolidation that will seek to save the state funding to cover the operational costs associated with keeping WNYCPC open, and will keep children's and adolescent's services distinct while pushing the bar higher in terms of quality and patient outcomes.

Although not a simple task, our team has begun to develop a draft plan to present as an alternative to the consolidation. The proposed plan is to create a **Child & Adolescent Center of Excellence ("COE")**. This concept would allow children's behavioral health services to remain distinct at the current location, while meeting the goals of the transformation initiative OMH has drafted. These goals are cost savings, future expansion of community-based services, and the expansion of prevention services. The COE plan will run parallel to initiatives from the Medicaid Redesign Team and the Delivery System Reform Incentive Payment Program (DSRIP) to ensure longevity and adherence to system-wide goals³.

A Child & Adolescent Center of Excellence (COE) will provide individualized, comprehensive, and coordinated care organized for children and their families. The COE would offer services specifically designed for pediatrics and adolescents that are developmentally appropriate and include innovative interventions to address complex pediatric problems. It is envisioned onsite programs and providers that would serve individuals with behavioral health disorders, substance use disorders, and eating disorders while offering physical health and rehabilitation service. This would be the first program like this in the State offering services specific to next generation overseen by multiple State Agencies⁴.

¹ Source: Making the Case: Transforming Children's Mental Health Services in Western New York (Office of Mental Health).

² Ibid, 2016.

³ Wickens-Alteri (2016). "Alternatives to Consolidation Plan for WNYCPC." WOH Health & Human Services, a division of WOH Government Solutions LLC.

⁴ Ibid, 2016.

This proposal will build and highlight the record of excellence and quality outcomes that has been established by WNYCPC. This center will create a COE wherein children, adolescents and their families will be treated in a respectful and holistic way.

This is a one-of-a-kind project that will require time to design. That being said, we ask the Legislature to include \$4 million in this year's budget in order to cover operational costs while a comprehensive model is developed as an alternative to the Governor's consolidation plan.

Providers and satellites on campus could include, but are not limited to the following:

- Navigational Services
- Primary Pediatric Care Satellite
- Outpatient clinics (Addiction, self-harm, adolescent psychiatry, bullying)
- Case Management/care coordination
- Respite
- Specialty Dental
- Physical pediatric rehabilitation services
- Pediatric long term care

The aforementioned are but a few of the ideas to create a system of delivery for children and adolescents that are supported by literature on the provision of quality psychiatric care for these age cohorts.

We strongly encourage the legislature to maintain a child and adolescent facility in Western New York that is distinct from adult's services. The impact of the consolidation, providers, and the community must be carefully considered and the expansion of outpatient services should be the first step not the parallel track to changing inpatient services. The preservation of psychiatric care needs to be developed in a way that will be more sustainable and less reliant on inpatient services, but we must first develop a plan with outpatient services that suit the needs of the community. Many of the families we work with have failed with outpatient in ways that could be fixed by programmatic or staffing changes.

In conclusion, I implore you to have consideration for these children. They are often the forgotten, with diseases that are invisible but ever-present. Their journeys are borne from trauma, or nature, from feelings of hopelessness. We are the adults, the clinicians, and the advocates that will remind them that their voice matters, that they are not alone. We are the people that can provide children and families with the tools to cope and to heal.

Thank you for your time and attention on behalf of our community. The plan for consolidation runs in opposition to the goals of the mental health delivery system for the very patients we are charged with protecting and supporting.

I will be happy to answer any questions you may have, and have Lisa Alteri, the President of WOH Health & Human Services with me to discuss the development of the COE plan if questions arise.