

State mental health plan may leave Ithaca without adequate care

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By Glynis Hart |

"I think what's going to happen to the people who are the most mentally ill is they're going to take them to the closest place, which could be a prison," said Jean Walters. Walters has been involved with NAMI-FL, the National Alliance for the Mentally Ill, Finger Lakes, for decades. She has family members with chronic mental illness, and she has serious concerns about what will happen to people with mental illness when the state Office of Mental Health closes local psychiatric inpatient facilities in Elmira and Binghamton.

She's not alone. Hospital workers, law enforcement, and people in the mental health field share her concerns about what is going to happen in Tompkins and adjacent counties when the Elmira Psychiatric Center and the Greater Binghamton Health Center are closed by the state Office of Mental Health, beginning July 2014.

Those two hospitals are the closest long-term (more than 7-10 days) inpatient care facilities for people with mental illness. They serve a 15-county area, including Tompkins County, which many fear will be left without comparable services when the OMH plan goes through.

The plan, called "Regional Centers of Excellence," aims to close the state psychiatric hospitals and move inpatient care to regional "hubs." "They don't know the damage they're doing," said Walters. "If they've never had a family member who's mentally ill, they don't know what they're doing."

What the Plan Intends

The plan, according to OMH, is about getting people services before they need inpatient care, i.e. long-term hospitalization. New York State's state-operated hospitals serve one percent of the mentally ill, yet absorb 20 percent of the OMH budget. According to the RCE plan, "OMH remains overly reliant on extended inpatient hospitalization for those with serious mental illness. Over \$1.3 billion per year is spent on OMH hospital treatment and care for 10,000 individuals, while \$5.3 billion is spent on mental health care in the community for a population of more than 700,000 people." The plan compares New York's 24 state-operated hospitals with California's five or Texas's eight (the next closest in number to New York).

The annual debt on maintaining the hospitals averages \$230 million. The plan argues that, with managed care coming in to begin to cover the previously uninsured, it is no longer sustainable to operate state inpatient care in its present form. Further, Medicaid Redesign and the Affordable Care Act will place pressure on all providers to keep costs down.

"Managed behavioral healthcare will not be expected to pay for care that does not offer sufficient value with the limited dollars that will be available to pay for a beneficiary's care," reads the text of the plan. "Under the future 'capitated' payment system, a managed care organization will be allocated a set amount of funds to provide all health and behavioral services necessary for each individual for whom they are responsible." Citing a cost of \$800 a day to keep one individual in a state hospital, OMH argues that it will be cheaper to assist individuals to live in a community setting.

"Adult inpatient care at state-operated hospitals is not Medicaid reimbursable under federal rules," said OMH spokesman Benjamin Rosen. "New York State expects access to community-based acute mental health care to improve under managed care, thus reducing the need for inpatient admissions. Currently, Medicaid's behavioral health resources are largely unmanaged, and services are paid through a fee-for-service model, which lacks accountability for outcomes and leads to fragmentation of care.

"[In contrast,] under managed care plans are paid per-person, or [at a] capitated rate," continued Rosen, "which includes the funding needed to pay for Medicaid reimbursable services. These rates are calculated and certified by an independent actuary and approved by the federal government to ensure that adequate resources are allocated for enrolled individuals' needs."

Further, the Supreme Court's Olmstead Decision (1999) makes it illegal for states to keep people in institutions if they are able and would prefer to be out of them. "Transforming NYS's mental health system around the principles of the most integrated setting and community supports is not only clinically and morally imperative, it is the law of the land" (from "OMH Regional Centers of Excellence 7-11-2013").

"Prior to the consolidation of any facility," said Rosen, "OMH plans to develop region-specific community-based mental health services, ensuring that appropriate levels of care are maintained and mental health service options are expanded."

What the Plan Will Actually Do

At a hearing held by State Senator Tom O'Mara on Oct. 28 in Binghamton, Tompkins County Mental Health Commissioner Sue Romanczuk questioned how this transformation is going to happen. "This removes approximately 200 beds in a 15-county region," said Romanczuk, "before an increase in capacity has been built. In Tompkins County alone, the mental health clinic served about 2,400 unduplicated individuals in 2012; approximately 900 identified as seriously and persistently mentally ill. At any given time, Tompkins County alone has approximately 30 individuals receiving inpatient care at either GBHC or Elmira."

"OMH talks about the community being overly reliant on inpatient care, but there are psychiatrists who make the determination whether to admit people or not," said Romanczuk. "Is OMH saying their own psychiatrists are wrong when they make the decision to admit people and keep them for months at a time? They're not wrong. Mental illness is not always short-term."

"Details are vague," Romanczuk continued, "about what resources will be reinvested in the community to assist in the management and treatment of individuals who would formerly have received treatment in a medium to long-term psychiatric facility. Often they (could) end up in jail, where they are contained, but not treated. This is not a cost-saving for the state, but rather a cost-shifting from one agency to another."

As county mental health commissioner, Romanczuk evaluates reports generated by the SAFE Act that indicate individuals likely to cause harm to themselves or others: "These individuals are hospitalized because they're not safe to be in the community; they need inpatient psychiatric treatment to move them past those internal feelings."

However, the local hospitals are not designed for long-term care. Cayuga Medical Center (CMC) has 20 beds for adults in the Behavioral Services unit, and six for adolescents aged 13 to 17. They have other pressures on their capacity, such as recent mini-epidemics of bath salts-induced psychoses.

Dr. Henry Gerson, director of Behavioral Services at CMC, said he's not faulting the ideals behind the OMH plan. "The historic movement of deinstitutionalization is very appropriate. Getting people out of the hospital has been a good thing for New York State, but what we're seeing is an abruptness to a change. The change is going to be very abrupt and violent, instead of incremental. This has implications that haven't been thought of by the people making the plan. The system is already stressed in other ways; the other parts of the mental health system are at capacity."

Mental health service providers, law enforcement, and families of the mentally ill say it is already difficult to get people into the hospitals, whether acute care at a general hospital like Cayuga Med or long-term care at Elmira or Binghamton. Testifying at the Oct. 28 hearing, Ontario County Jail Chief Correction Officer Alice Haskins said they are seeing an increasing number of people with mental illness in the county jails. "A number of people who come into the jail say they've been to the emergency room, or the hospital the day before," said Haskins. "The county jail is the first line of incarceration for people with mental illness."

According to Records Keeper and Officer Jamie Williamson at the Ithaca Police Department, in the last year IPD has responded to 212 calls in the mental health categories. These are individuals who may be making statements of wanting to harm themselves or others; state law empowers mental health workers and police officers to deliver them to the hospital. "We are anticipating seeing an increase in the number of people with mental health issues that we interact with," said Williamson. "We'd be fools not to expect that, but we're prepared."

"It comes down to this," explained Lt. Ray Bunce at the Tompkins County jail: "If a judge is limited on options, and these people are committing crimes, they're going to end up in our facility."

Asked whether the jail has adequate facilities to deal with people with mental illness, Bunce rapped out: "No. Did I say that fast enough? It's already hard enough to get them into a forensic facility. There aren't enough beds."

"The concern we have," said Gerson at CMC, "is that people would be getting stuck in ER. Emergency rooms could get overwhelmed."

Chronic and Acute

"We need long-term inpatient care because these are lifetime illnesses," said a family member of a person with schizophrenia, who asked not to be identified. "People with major depression, that are suicidal, some people need to be protected from themselves, and this is what can be done in a state hospital."

While her family member had never been violent, she said that part of their illness is to not know they have an illness in the first place. "He has extreme religiosity," she said. "He goes off his meds when he's not in the hospital because he sees it as a question of not having

sufficient faith in God to heal him.” When he has to go to the hospital, the only way to get him to go is by calling the police. “It’s heartbreaking. But, the police are trained now, so it’s much better than it’s been in the past. They’re humane; my family member has been well treated by local people here and in Binghamton.”

Part of that treatment, however, is access to family members. Frequent visits, and contact between family members and hospital staff are crucial to recovery. If the OMH plan goes through as is, the nearest long-term inpatient facility for adults will be in Buffalo and, for adolescents, in Utica. “It’s hard enough for us here to get to Elmira and Binghamton,” said Jean Poland of NAMI-FL. “Further, visiting time is limited. You can’t just walk in any time, because they have programming for them. They have classes, trainings. Family and support networks are primary. When you think, if the families are out in some of these distant counties, like Cattaraugus, you wonder how they can do it.”

Asking the State to Change the Plan

In response to the general outcry from service providers, law enforcement, and the mental health community, the Tompkins County legislature passed a resolution Sep. 23 requesting that the OMH change the plan.

Since the OMH plan places all the Regional Centers of Excellence, the mental health service centers that will replace the state hospitals, along the I-90 corridor, Southern Tier lawmakers are advocating for a sixth RCE to be placed in the Southern Tier, keeping at least one long-term facility for this 15-county region.

“We’re going to have to fight this one out and change the plan,” said NYS Assemblywoman Barbara J. Lifton, who sits on the Mental Health Committee for the state legislature. “It’s just not acceptable. It’s not workable—it’s going to mean people are not getting proper care. A few days or a week or a hospital doesn’t always cut it. That’s not long enough to stabilize a person with severe mental illness.”

She added that anyone with concerns about the OMH plan should copy her, or their state senator. State Senator Tom O’Mara has an online petition to keep the Elmira Psychiatric Center open.

“It’s become a budget issue,” Lifton explained. “Everyone thinks it’s great to cut the budget, but then when it comes down to taking away services for children, for the mentally ill, everyone at the hearing in Binghamton was like, ‘What are they thinking?’”

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