

NAMI Massachusetts

Re: Department of Mental Health Inpatient Study Commission

Submitted June 18, 2009

By: Laurie Martinelli, Executive Director

NAMI Mass

I am submitting testimony today on behalf of the National Alliance on Mental Illness of Massachusetts (NAMI Mass). Thank you for the opportunity to testify on this important issue.

NAMI Mass' mission is to improve the quality of life for people with serious mental illness and their families. We seek to extend the education, support and advocacy programs of NAMI Mass so that we will be widely known and recognized as the voice on mental illness in Massachusetts. NAMI Mass will advocate to ensure that all persons affected by mental illness receive, in a timely fashion, the services that they need and deserve.

NAMI Mass has a state office in Woburn and 23 local affiliates throughout the state. We have about 2,500 members statewide.

Central to NAMI Mass is a commitment to programs that are both peer/consumer-driven and family-driven. We are also committed to the concepts of recovery, resiliency, and support that are essential to wellness and quality of life for all persons affected by mental illness.

NAMI Mass supports the Core principles of this Commission and believes that individuals with mental illness are empowered to live with dignity and independence in the community. We also understand that consumers must have access to a full range of quality services and supports to meet their mental health needs. NAMI is painfully aware that in this budget climate and with the devastating service cuts that have happened to DMH, many people with mental illness are not able to access these necessary services. In many instances, mental health services are no longer there.

That said, we understand that advances in care and treatment for individuals with mental illness have shifted the focus from hospitalization to supporting consumers in less restrictive environments, namely their communities. While NAMI Mass stands firmly behind this belief, we also know that inpatient care is a critical component of the continuum of care that must be available to people with mental illness and their families. Access to safety net hospitals may be critical not only for the person with mental illness, but also for their families who see how their loved one may need 24/7 care that only a hospital can provide.

When DPH published the Report of the Special Commission to Study the Feasibility of Constructing a new Department of Mental Health Facility: *The Future of DMH's Inpatient Psychiatric Care in Massachusetts* in April of 2006, DMH was operating 8 facilities throughout the state and had 900 beds. Back in 2006, DMH determined that 268 of the inpatient adults were ready for discharge <u>if</u> sufficient resources were made available.

Today, DMH operates 10 facilities that have a total of 788 beds and 48 acute beds. DMH has also just experienced drastic 9C cuts, forcing it to cut almost \$14 million in programs including: eliminating adult day programs, social clubs and Supported Employment (SEE); Club House services were reduced; ¼ of DMH case managers were laid off and Jail Diversion programs were reduced. Fortunately, DMH used a one-time infusion of trust funds equaling \$24.2 million to lessen the impact on service cuts last year.

However, in the next fiscal year, FY 2010, DMH must come up with a \$50 million reduction (its annualized reduction for FY 2010). The big problem with reducing inpatient beds is – where will the money come from to provide the community supports that people will need once they are released from the hospital?

With this background, NAMI Mass has the following comments:

- 1. Adequate access to acute and chronic hospitals is the number one complaint I hear from NAMI members across the state. Once a hospital is closed, its beds will be lost forever, so this is a decision with far-reaching consequences. We urge that if DMH patients are released, that DMH maintain an adequate number of hospital beds in its system.
- 2. If DMH closes any inpatient facility, it must know in advance how many patients will need community services, what these community services will cost, and where will these former patients live? The money saved that was used to maintain the hospital must be made available for critical community mental health supports. Without this firm financial commitment, NAMI Mass fears that some of these people may end up homeless or in jail or prison.
- 3. A related question is since the new state-of-the art state hospital at Worcester State will not open until 2012, where will these people go for acute and chronic mental health services between now and then? Currently, DMH beds have a 97% occupancy rate. Many DMH hospital beds have closed already. With this high demand for DMH beds, where will people without family or support go?
- 4. DMH must also undertake long term monitoring of any patients released from an inpatient facility so that the state can easily track where people end up and whether or not they receive the community based services they need.

Thank you for the opportunity to comment.

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NAMI Mass

¹ DMH currently operates 788 beds at hospitals in Worcester, Westborough, Taunton, Tewksbury, S.C. Fuller/Boston, a unit at Shattuck and contracted beds at Park View Specialty Hospital in Springfield. DMH also operates 48 acute beds at Quincy, Corrigan and Cape & the Islands, and 30 adolescent beds at Westborough Hospital.