



New York State Occupational Therapy Association

PO Box 533 Chester, New York 10198 (518)301-9187 www.nysota.org legislation@nysota.org

Public Hearing Testimony

Office of the Attorney General's Western New York Public Hearing on Mental Health: Access to mental health care for people with serious mental illness in the Western New York region

Your Honorable Letitia James and the Office of the Attorney General, thank you for the opportunity to submit our comments regarding access to mental health care for people with serious mental health conditions in the Western New York region.

The following testimony includes input from occupational therapists and occupational therapy assistants in western New York. Occupational therapists and occupational therapy assistants work with children and adults who have been either disabled or socially and occupationally challenged by serious mental health conditions.

We witness every day the challenges our clients face in trying to access the mental health care services that they need and that they want.

A life-long devastating condition needs a life time of comprehensive and coordinated services and supports. And yet we continue to limit the length of stay in some services and provide fractured care. The paragraphs below describe some of the concerns about mental health care in Western New York that we would like to share.

Outpatient Clinic treatment programs that provide medications, case-management and counseling often do great work. However, people with mental health conditions benefit from seamlessly attached rehabilitation programs that promote participation in daily living activities and social roles, supportive and activity based groups that they can attend when experiencing symptom exacerbation and risk of relapse, crisis, the risk of treatment dropout, or repeated hospitalizations. This model prevents the fracturing of care

because the client maintains contact with the therapy relationships that they have established over many years. Their psychiatrist continues medication management and their case manager/therapist continues counseling and crisis management. This model provides more stability for individuals, with opportunities to develop confidence and skills to manage their health and wellness and live fulfilling lives, while also more effectively monitoring their conditions so that timely interventions can be provided. In Western New York, we would like to see more integration of services across the continuum of mental health care services, from inpatient hospitalization to outpatient services to a variety of community-based rehabilitation options.

Personalized Recovery Oriented Services (PROS) is the primary model by the Office of Mental Health (OMH) for community-based rehabilitation. OMH is currently undergoing a process of redesigning the PROS programs and we support their work. At the same time we must assert that these programs are underfunded and therefore unable to recruit and retain the qualified professional staff and staff-to-client ratios that allow people to achieve their goals and to thrive. In Western New York there are some PROS programs. We would encourage PROS programs to include both Intensive Rehab CRS. Given that inpatient hospitalization costs \$1800 per day, programming that focuses on rehabilitation is not only respectful and life-affirming for people with mental health conditions, but also cost-effective.

Peer directed services and the integration of peers into professionally directed services are critical developments in mental health care today. Peers bring their lived experience with mental health recovery to the delivery of services, and provide advocacy, information, and valued role models. Peer services in Western New York are strong and organized and should continue to be supported.

Clubhouse programs are a critical program for adults with severe mental health conditions. Clubhouses provide a supportive accepting space for clients to be with other people who understand their experiences. Clubhouses reduce social isolation provide people an opportunity to find their own path to recovery at their own pace. Unfortunately, Clubhouses are not widely available in Western New York, in part because they are not eligible for Medicaid funding and depend on grants, donations and local funding.

Adults with serious mental health conditions must have a choice as to who their mental health providers are. Just as people with physical health conditions pick their doctors, people with mental health conditions must have the same right. When patients are coerced into services that they are not satisfied with they often dropout of treatment and the support network they need is gone.

Mental health care providers must be adequately funded so that they can recruit professional staff with strong clinical skills and experience, as well as skilled staff

that stay. Constant staff turn-over that again fractures therapeutic relationships and care. Western New York has a mental health provider and staff vacancy rate of 18%, which reflects that people with mental health conditions are not getting the care that they need.

Mental health care services need to include increased funding for Adult Behavioral Health Home and Community Based Services (HCBS) programs so that they can include rehabilitation professionals, including occupational therapy practitioners. Western New York is fortunate to have two Certified Community Behavioral Health Clinics (CCBHCs) that provide a continuum of mental health services. Regulations for CCBHCs include occupational therapy practitioners (OTPs) as mental health rehabilitation professionals, but OTPs are not employed at these two sites. This presents an opportunity to strengthen services for people with mental health conditions.

People who live in rural areas of western New York do not have adequate access to mental health services. The Occupational Therapy Assistant program at Jamestown Community College could be an opportunity to increase the number of providers in the mental health workforce in southern rural communities.

Crisis Stabilization Centers are developing in the western New York area. In situations where people in crisis are staying longer than 24 hours it may be indicated to expand services to include rehabilitation services like occupational therapy.

Waiting lists for housing, including supportive housing, is a critical problem in accessing the mental health care needed. Supportive housing programs provide assistance with medication compliance, supervision, self and home maintenance. However, the wait for these programs means that patients are unnecessarily occupying expensive hospital beds. Occupational therapy can help at the other end of the supportive housing program by helping people develop the functional self and home maintenance abilities to then graduate from supportive beds and reenter independent living. That would help free up beds that are greatly needed.

On Track programs are an essential mental health program for treating people in the earliest stages of serious mental health conditions. Access to these programs should be expanded in the Western New York area.

The New York State Occupational Therapy Association is thankful for the opportunity to submit these comments. We welcome any opportunity to further discuss and work on improving our mental health care system.

Occupational therapists and occupational therapy assistants working in the mental health settings focus on enabling individuals to re-engage in meaningful occupations through a variety of approaches such as skills development, establishing positive habits and routines, setting recovery goals, identifying residual skills and interests, and utilizing mental health management strategies.

Occupational therapy practitioners (OTPs) help children and adults with mental health conditions or challenges engage in occupations. “Occupations” refers to the meaningful activities that allow people to participate in all areas of life—work, play, leisure, daily self-care, etc.—and fulfill their roles as family members, workers, students, friends, and community members. OTPs work with people across the continuum of mental health care: acute hospital inpatient, partial hospitalization, outpatient clinics, and rehabilitative community-based settings (facility, home, or community), using a variety of approaches to help people develop:

- recovery goals
- daily living skills
- motivation and activity engagement
- self-efficacy and self-regulation
- positive habits and routines
- strategies to address cognitive challenges affecting function
- health management strategies
- strategies for coping and managing stress
- increased social participation and communication skills
- skills for success at work, in school, and in leisure activities

Occupational therapy in mental health uses a three-tiered public health model: preventive interventions focused on wellness and health, targeted interventions for people with mental health conditions or at risk of developing mental health challenges, and individualized interventions for people with active mental health challenges. Occupational therapy is provided individually or in groups and aims to assist people in fulfilling their hopes and dreams.

Christine Linkie, PhD, OTR/L CPRP
David M. Merlo, MS, COTA/L, CPRP, ROH
Jeffrey Tomlinson, MSW, OTR/L, FAOTA