

**Testimony of
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Division of Mental Hygiene
Developing the 2007 Local Government Plan for Mental Health Services
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Good morning and thank you to the New York City Department of Health and Mental Hygiene for allowing me to testify today. I am Alison Burke, Associate Director, Regulatory and Professional Affairs, at Greater New York Hospital Association (GNYHA). GNYHA is a trade association that represents the interests of nearly 300 hospitals and continuing care facilities, all of which are not-for-profit, charitable organizations, or publicly sponsored organizations located throughout New York State and surrounding areas. GNYHA members are the largest hospital-based providers of services for people with mental illness in the metropolitan area and are committed to the delivery of safe, high quality, and compassionate care to all of the patients they serve. As part of the planning process, the Division of Mental Hygiene (DMH) requested interested parties to identify unmet needs in the local service delivery system, areas of the system that should be expanded, and, lastly, priority areas that would benefit from DMH's attention. GNYHA appreciates the opportunity to provide comments on New York City's public mental health system and looks forward to ongoing collaboration with DMH and other stakeholders in shaping the future of the region's public mental health system.

Service Expansion Needed for Special Needs Populations

GNYHA members are the largest providers of acute inpatient mental health care in the New York City region. Acute inpatient care is the most restrictive level of care, as well as the most costly. However, patients have difficulty accessing lower levels of care, which created burdens throughout the region's public mental health system and places tremendous hardships on both the patients seeking mental health services and their families. GNYHA members continue to report children, adolescents, and those individuals dually diagnosed with mental retardation and developmental disabilities (MRDD) as populations with special needs and scarce resources. In many cases, individuals with special needs remain on acute inpatient units longer than necessary

because outpatient and community-based services are unavailable. As a result, individuals needing acute inpatient services are forced to remain in the community or wait in emergency rooms for extended periods of time while needed services are located in the region, and, in some cases, outside of the New York City region.

Children and Adolescence

While pediatricians, family physicians, and educational institutions have increased early identification of children needing mental health referrals, barriers remain that prevent children and their families from getting necessary mental health care. In particular, lack of providers specially trained to treat children, appointment delays, and the stigma associated with mental health disorders result in many children and families suffering needlessly while their mental health needs go unmet. Supply of children's mental health services has not kept up with demand. Children and families in New York City, therefore, experience delays entering care at all levels and providers regularly experience delays moving children through the continuum of care. The shortage of providers and delays in treatment, in turn, block access for other children requiring services. GNYHA encourages DMH to develop a task force to complete a needs assessment and develop strategies for meeting the mental health needs of New York City children in a timely manner.

Dually Diagnosed MRDD Population

GNYHA members and DMH formed a task force that met several times throughout the year to discuss service needs for the MRDD population. Members report inadequate respite, crisis, and acute levels of care for the MRDD population. Inadequate respite and crisis capacity in the community often lead to long-term hospitalization for the MRDD population. GNYHA applauds DMH for its leadership on this issue and encourages DMH to continue with efforts to improve the quality of care for the MRDD population. Efforts should continue to address the shortage of community-based residential beds, training of staff working with the MRDD population, and enhanced reimbursement for additional resources needed to safely and effectively care for this population. GNYHA looks forward to working with DMH and other stakeholders on developing

comprehensive clinical programs that will improve community tenure for the MRDD population.

Housing

Longstanding shortages of housing and necessary community-based supports cause unnecessary institutionalization of individuals with mental illness who could otherwise be living in the community. GNYHA is encouraged by commitments to expand housing needs for individuals with mental illness under the NY/NY III agreement. GNYHA requests DMH take a leadership role in fast-tracking planning and development of additional housing units for individuals with mental illness.

Priority Areas in Need of DMH Intervention

GNYHA members report longstanding difficulties accessing long-term care beds in State-operated psychiatric centers. Inefficiencies in the continuum of care negatively impact patients and the City and State's limited resources. GNYHA conducted a survey of members' experiences transferring patients from acute care beds to State-operated psychiatric centers and in August 2004, issued a final report on delays experienced by members. The results of the survey validate members' reports of long waiting periods for patients needing care at State-operated psychiatric centers. Patients waiting for transfer to State-operated psychiatric centers consequently limit the community's access to acute care beds. Acute care and long-term care beds are both necessary components of a comprehensive mental health system. This breakdown in the continuum of care negatively affects patients and providers in addition to contributing to the overall cost of mental health care in New York.

While GNYHA recognizes there are challenges throughout New York State's mental health system, the New York City region is faced with unique challenges resulting from high demand and inadequate capacity to meet the needs of the population. DMH's commitment to utilizing locality-specific data and provider input to maximize access to quality mental health care is appreciated by the provider community. GNYHA is eager to assist DMH with conducting a needs assessment and to define capacity in the

downstate region. Provider experience and input are essential to the development of a quality mental health system that is cost effective, consumer-oriented, and recovery-focused.

GNYHA has identified two regional factors that contribute to the delays in transferring patients from acute care beds to appropriate levels of care: 1) a State-operated psychiatric system that does not have adequate capacity in locations where the need is greatest, and 2) inadequate community services capable of supporting the complex needs of patients waiting to be discharged from State-operated psychiatric centers as well as acute care units, which limits the availability of beds for new admissions. These inefficiencies affect every area of New York's mental health system, in particular the New York City region. The results have been twofold: patients needing acute and emergency mental health care wait longer for treatment, and patients requiring State-operated services do not receive treatment in a timely fashion.

Conclusion

DMH has gone to significant lengths to include all stakeholders in planning for the region. The deliberate use population-based data and provider experience in the region's planning process has resulted in thoughtful improvements to New York City's mental health service system. GNYHA looks forward to ongoing collaboration with DMH to further improve the region's public mental health system. Thank you for the opportunity to testify on this important issue. I look forward to answering any questions you may have.