

**Testimony of**  
**Alison Burke**  
**Associate Director, Regulatory and Professional Affairs,**  
**Greater New York Hospital Association**  
**Before New York State Office of Mental Health**  
**2006-2010 New York Statewide Comprehensive Plan for Mental Health Services**  
**May 11, 2006**

Good morning and thank you for the opportunity 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 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, you have kindly invited interested parties to comment on your *2006-2010 New York Statewide Comprehensive Plan for Mental Health Services*. The Plan reflects tremendous progress in the Office of Mental Health's (OMH's) ability to collect, analyze and report data on services and outcomes which reflect OMH's commitment to improving the delivery of mental health care in New York. GNYHA appreciates the opportunity to provide comments on New York State's public mental health system and looks forward to ongoing collaboration with OMH and other stakeholders in shaping the future of the state's public mental health system.

**Investments in New York's Mental Health System**

GNYHA members are encouraged by a number of investments in New York State's mental health system included in this year's Executive Budget and advocated by OMH. In particular, GNYHA members applaud OMH for accomplishing the largest investment in children's mental health services in the State's history. In addition, GNYHA welcomes better coordination of services for the mentally ill population dually diagnosed with chemical dependence disorders (MICA) that will be addressed with a demonstration project jointly funded by OMH and the

Office of Alcohol and Substance Abuse Services (OASAS). While investments for the MICA population managed care demonstration project are modest, it is a start. And finally, GNYHA strongly supports OMH's collaborative effort with New York City to develop additional housing for individuals with mental illness. The NY/NY III agreement with New York City reflects use of population-based data to develop services where there is the most need. That said, there is still much left to do.

### **Service Expansion Needed for Special Populations**

As noted, GNYHA members are the largest providers of acute inpatient mental health care in New York State. Acute inpatient care is the most restrictive level of care, as well as the most costly. GNYHA members continue to be plagued with tremendous challenges in providing this care, which has been communicated to OMH in recent years. While OMH has made great strides through the budgetary process to plan for certain service expansions, progress is slow. Patients continue to have difficulty accessing care, which creates burdens throughout the State'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, those individuals dually diagnosed with mental retardation and developmental disabilities (MRDD), and those individuals dually diagnosed with chemical dependence disorders (MICA) 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 the availability of needed services can be identified in the region, and, in some cases, outside the patient's geographic area. GNYHA requests that OMH fast-track initiatives targeting the above special needs populations to better serve those in most need of mental health services in a timely manner and to maximize use of the State's resources. In addition, GNYHA encourages OMH to work with medical schools, nursing programs, schools of social work, and clinical psychology training programs to create opportunities and incentives for clinicians to work with these challenging populations.

### *Children and Adolescents*

Again, GNYHA applauds OMH on the largest investment in children's mental health services in the State's history as part of the 2006-07 Executive Budget. Unfortunately, as pediatricians, family physicians, and educational institutions have increased early identification of children needing mental health referrals, the supply of children's mental health services has fallen behind the demand. 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. Children and families in New York, 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 OMH to develop a task force to complete a needs assessment using population-based data and develop strategies to expedite meeting the mental health needs of New York children.

In addition, GNYHA members continue to report delays in discharging children when facilities are required to involve local child welfare service offices due to suspected abuse or neglect or need for placement in foster homes or residential placement. With short lengths of stay on inpatient acute care units, timeliness of child welfare service investigations is essential. In many instances, hospitals are not reimbursed for care provided to children who are otherwise medically stable while child welfare service cases are assigned, homes investigated, and placements located. Hospitals are unable to bear the financial responsibility of care provided due to inadequate community resources. In addition to hospitals being an inappropriate setting for otherwise medically stable children, these delays further impede access to care for children and families requiring inpatient acute care units. GNYHA welcomes any assistance OMH can provide with this issue.

### *Dually Diagnosed MRDD Population*

GNYHA members and the New York City Department of Health and Mental Hygiene, Division of Mental Hygiene (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 is grateful to DMH for its leadership on this issue and encourages OMH to join in these 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 on inpatient units. GNYHA looks forward to working with OMH and other stakeholders in developing comprehensive clinical programs that will improve community tenure for the MRDD population.

#### *Dually Diagnosed Chemical Dependence Population*

In some reports, it is estimated that as many as 80% of those with mental illness are also diagnosed with chemical dependence disorders. GNYHA members are encouraged by OMH's and OASAS's collaboration to coordinate care for individuals dually diagnosed with chemical dependence disorders since integrated treatment for the MICA population is evidence-based and effective. However, GNYHA has concerns about possible unintended consequences that may result from the OMH and OASAS State-sponsored managed care demonstration project for the MICA population. GNYHA hopes OMH and OASAS will ensure that recipients in the managed care demonstration project will have adequate and easy access to services. In addition, providers should receive reimbursement for all medically necessary services provided to recipients enrolled in the managed care demonstration project, as providers have serious concerns about increases in denials by managed care plans.

In light of OMH's support of evidence-based treatments and collaboration with OASAS, GNYHA requests OMH to clarify its position on detoxification services that are provided concurrently on inpatient psychiatric acute care units when it is determined that both the services are indicated and the inpatient psychiatric unit is the safest setting for the patient. It has been brought to GNYHA's attention that OMH certification and survey staff continues to recommend to members that detoxification services be provided in locations other than inpatient psychiatric units in spite of a medical determination that the psychiatric unit is the safest setting for the patient. GNYHA members are interested in working with OMH and OASAS to develop safe and effective integrated treatment clinical programs.

## **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 the commitment to expand housing in New York City for individuals with mental illness under the NY/NY III agreement. GNYHA requests OMH to fast-track planning and development of additional housing units for individuals with mental illness. OMH must ensure that housing units to be developed are properly supported with services to meet the needs of special populations and challenging patients that are currently cycling through the mental health system. In addition to permanent housing, GNYHA members suggest that OMH establish short-term crisis intervention housing resources that emergency departments and acute care units can access for patients needing additional supports before returning to their homes.

## **Priority Areas in Need of OMH Intervention**

### *State-operated Psychiatric Centers*

GNYHA is pleased to see that OMH has no intentions of further downsizing the State-operated psychiatric center system. However, GNYHA members continue to report difficulties accessing long-term care beds in State-operated psychiatric centers in a timely manner. Patients waiting for transfer to State-operated psychiatric centers consequently limit the community's access to acute care beds. 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. In Spring 2005, OMH convened a work group of stakeholders to review administrative burdens contributing to delays in transferring patients to State-operated psychiatric centers. The group identified significant variations in the application process that contributed to delays. The work group developed a standard medical information checklist that identified all documents necessary for an application to be considered complete. The checklist has not been implemented across the psychiatric center system. Therefore, GNYHA members continue to prepare varied applications depending on the psychiatric center to which an application is being made. GNYHA requests OMH to implement a standardized application process across the State to streamline this process. In addition, the work group suggested that the application process be converted to a web-based platform. While there was much support for conversion to an electronic process, OMH cited the lack of capital funds for such a project. With OMH's

demonstrated sophistication regarding information technology, GNYHA requests OMH to consider a regional demonstration project to test the ability of psychiatric centers to accommodate an electronic application process.

### *Certification and Survey Process*

GNYHA members report substantial challenges and significant cost associated with the certification and survey process for both new services and existing programs. In the case of new services, members report having received all necessary approvals related to the physical plant and construction from both the New York State Department of Health (DOH) and OMH. During final on-site surveys, providers have been required to replace fixtures, remove furniture, and modify construction. Modifications have been costly and delayed operation of new services needed in the community. Again, this occurs after all necessary approvals were secured. GNYHA suggests OMH and DOH work together so recommendations are not in conflict and requirements are predictable and consistent.

In the case of existing programs and services surveyed by OMH as part of the recertification process, GNYHA members report arbitrary requirements and recommendations to programs that have been in operation for decades in many cases. Required modifications often require significant capital and are disruptive of service operations. And most importantly, there is little evidence of enhanced patient safety if recommended modifications were made, or the converse, any increased risk to patient safety without the modifications. As stated before, GNYHA members fully support and strive for safe patient care. That said, hospitals do not have the luxury of making major capital investments that are, 1) not a regulatory requirement and, 2) are recommended by an individual surveyor outside of their scope of authority. Requirements of licensed programs are contained in regulation. In the event OMH is considering modifications to existing regulations, GNYHA members will be happy to comment informally and, of course, formally on any proposed modifications.

### **Conclusion**

We appreciate that OMH has gone to significant lengths to include all stakeholders in the planning process. GNYHA looks forward to ongoing collaboration with OMH to further improve

the State'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.