

STATEMENT FROM GREATER NEW YORK HOSPITAL ASSOCIATION  
ON THE STATEWIDE COMPREHENSIVE PLAN FOR MENTAL HEALTH SERVICES: 2001-  
2005 AT A PUBLIC HEARING HELD BY THE NEW YORK STATE OFFICE OF MENTAL  
HEALTH

June 26, 2001

Good afternoon. I am Patricia O'Brien, Ph.D., R.N., Associate Vice President for Regulatory and Professional Affairs for Greater New York Hospital Association (GNYHA), and, in addition, I am a licensed psychiatric nurse practitioner and hold national certification in adult psychiatric-mental health nursing. The comments I offer today are a synthesis of the opinions and views expressed by the members of GNYHA's Committee on Mental Health and Substance Abuse Services, and a subcommittee on children's mental health issues.

GNYHA represents over 200 not-for-profit hospitals and continuing care facilities, both voluntary and public, in the metropolitan New York area. GNYHA's mission is to act as the principal advocate for its members in improving the access to, and the quality and cost of, health care in the metropolitan area, and to foster an appropriate environment for managing health care resources. GNYHA accomplishes its goals through policy analysis and development, advocacy, communication, education, research, and business services. GNYHA's members are the largest providers of psychiatric-mental health services in the downstate area.

#### **GNYHA Members Support Evidence-Based Practices**

The range of mental health services provided by GNYHA members includes inpatient, outpatient, crisis services, home care, and long term residential care. It is fair and accurate to note that many, indeed most, of the mental health services provided by GNYHA's hospital members are consistent with evidence-based best practices. The large concentration of teaching hospitals in the New York metropolitan area and the presence of psychiatric residency training programs no doubt contribute to this high quality of mental health services. In fact, some of the research that helps define "best practices" is conducted at GNYHA member hospitals. It is worth noting that professional staff from GNYHA facilities are the authors of several of the papers that are part of a special series on evidence-based practice that is being published this year by *Psychiatric Services*, a journal of the American Psychiatric Association. I mention these facts as a way of demonstrating the commitment of GNYHA's providers of mental health services to implementing services that have the best likelihood of improving a patient's quality of life.

The New York State Office of Mental Health (OMH) outlines in its *Statewide Comprehensive Plan for Mental Health Services 2001-2005* its intent to move delivery of services to an evidence-based model of best practices. Included in the plan are some very exciting initiatives, including an increased role for consumers of services, and a focus on meaningful employment for persons with mental illness. GNYHA supports the concept of evidence-based practice and, although the OMH plan does not indicate the process for developing practice guidelines, GNYHA would encourage OMH to involve providers in that process.

GNYHA members, while supportive of the concept of best practice psychiatry, have identified experiences from current practice that, unless changed, will most certainly impede the implementation of a best practice model. In fact, the literature related to the implementation of evidenced-based psychiatry confirms the importance of identifying the needs of the population being served, and of ensuring adequate and sustaining financial support. Providers have identified current unmet treatment needs and areas where financial resources have fallen short. There is, necessarily, some overlap. It is

GNYHA's belief that, consistent with the research on best practice models, addressing these areas will help ensure the success of the OMH plan.

### **Treatment Needs**

**A Comprehensive Needs Assessment** - Planning alternative community-based services for children and adults with mental illness ought to begin with a clear definition of need. To that end, GNYHA recommends that OMH make a comprehensive needs assessment and that this be the first step in its strategic planning process. The OMH plan provides several excellent models of mental health services for both adults and children. However, OMH does not provide a methodology to determine how much of any service is needed, where it is needed, and for what population it is needed. A critical issue for hospitals in the New York City area is the overcrowding of children in emergency rooms and the long lengths of stay on the inpatient services while waiting for community-based services or residential placement. The OMH plan identifies alternative treatment services, but these general plans are not grounded in specific data. Therefore, providers are not assured that the current need is even recognized or that it will be resolved.

Part of the reason for inpatient and emergency room "bottlenecks" is the lack of access to high quality outpatient services that can effectively manage mentally ill children and keep them out of the public mental health system. Patients wait six to eight weeks for non-emergency clinic treatment services in many areas of New York City. A best practice model must ensure that both the volume of services and access to services are adequate to meet existing needs. A comprehensive needs assessment is the only way to identify what services are needed.

**Best Practices for Populations with Special Needs** - The OMH plan proposes to put in place a set of outcomes measures to assess the effectiveness of treatment services. OMH further notes that these outcomes may become the basis for payment. It is essential, then, that OMH take into account consumer characteristics that have been shown to have an adverse effect on desired outcomes. For example, presenting symptoms, substance abuse, mental disabilities, homelessness, and unemployment were all found to increase the likelihood of hospitalization among clients with schizophrenia treated in mobile crisis services. <sup>1</sup> These characteristics are prevalent among the population receiving mental health services in the New York City area.

The OMH plan notes the increasing number of patients with co-occurring disorders of mental illness and substance abuse, including alcohol abuse. GNYHA supports the steps outlined by OMH to achieve an integrated treatment model. It is important that services for this difficult population rise to the necessary level of intensity and be funded appropriately. GNYHA would encourage OMH to include clinical staff familiar with the patient population when designing programs and developing clinical guidelines. GNYHA recommends that OMH also introduce best practice models of treatment for persons with mental retardation and developmental disabilities, and children in foster care.

**Mentally ill with mental retardation/developmental disability** - Coordinated mental health services are desperately needed for persons with mental retardation/developmental disabilities (MR/DD) in addition to mental illness. Research has shown that policy barriers are a major impediment to implementing dual diagnosis services. Therefore, GNYHA asks that OMH coordinate services with the New York State Office for Mental Retardation and Developmental Disabilities to develop the structure that will foster comprehensive, integrated services consistent with the State's goal of evidence based treatment.

**Children in foster care** - Another population that poses unique concerns for providers of mental health services in the New York metropolitan area is the very large volume of children in foster care. On any given day, children in foster care may occupy 50% or more of the inpatient beds on our child and adolescent psychiatric units. Children in foster care are vulnerable to a wide range of emotional and

behavioral problems related to the circumstances under which they were originally placed in foster care, which may include neglect, physical and sexual abuse, and exposure to violence. In addition to the original and ongoing separation from their biological families, these children must face subsequent separations from foster parents, schools, and peer groups. A member of GNYHA's subcommittee on child and adolescent issues recalled a child who had been in eight foster homes in the previous two years.

The complex needs that these children present, together with the absence of family and the difficulties hospitals experience in providing treatment and planning for discharge, are real barriers to the implementation of best practices. These problems, like those of the dual diagnosed or mentally retarded person with mental illness, will require that City and State mental health agencies work together to establish the organizational structure necessary to support best practices.

**Staff Training** - The implementation of the State's plan for mental health services will require that professional and non-professional staff be trained in implementing the best practices. Training may be needed in cognitive and behavioral interventions, substance abuse, and clinical information systems, to name a few areas. The State plan does not address how this training will be provided or paid for in facilities that are not operated by OMH. The cost associated with this training, including providing coverage for clinical services while staff are being trained, can be significant. GNYHA recommends that OMH include training expenses for staff in OMH- licensed facilities in its budget.

**Regulatory Changes** - OMH indicates its intent to use the regulatory process to support practice guidelines. GNYHA cautions against the introduction of overly prescriptive regulations. The amount of evidence to support "best" practices varies considerably. Overly prescriptive guidelines introduced into regulation will engage providers in unnecessary controversy. By contrast, guidelines introduced outside the regulatory process will be more likely to join providers around consensus issues and engage them in the effort to grow and contribute to the evidence base. The money saved by avoiding the costs associated with establishing and enforcing unnecessary and burdensome regulations can be better directed to patient services or staff development.

### **Financial Resources**

As noted earlier, GNYHA members are, in general, well informed regarding best practices, and when evidenced-based practices are not implemented, the reason can often be traced to a lack of funding necessary to support best practices. Examples of current inadequacies in financial resources will illustrate this point.

**Pharmacological Treatment of Mental Illness** - The effectiveness of pharmacological agents in the treatment of schizophrenia, bipolar disorder, and major depression is well established. However, the current mental health system fails to provide medications for patients who are discharged from mental hospitals pending approval for Medicaid. Although Kendra's Law includes a provision for medication grants to hospitals for just this purpose, the grants have been restricted to persons being released from jails and prisons.

**Recent RFPs from OMH** - OMH recently issued several Requests for Proposals (RFPs) for adult, child and adolescent services. The RFPs defined service requirements, staffing standards, and staff qualifications. The salaries for staff with the required qualifications could not be met within the fiscal limitations of the grants. These observations were reported by several hospitals, all of which described their salary scales for mental health professionals as "modest."

**Children's Services** - The recent expansion of case management services will give New York City a total of 2000 case management "slots" with the expectation that these services will improve treatment outcomes for seriously emotionally disturbed children. However, with an estimate of 10,000 such

children in the City, 2000 slots appears woefully inadequate. Again, this supports the value of a comprehensive needs assessment.

The OMH plan to link school-based mental health programs with general health clinics is laudable. However, the current payment structure for the vast majority of mental health clinics does not properly compensate on-site mental health clinics for the vast amount of liaison work that is required. This poses yet another barrier to best practices.

**Case Managers** - I am told that case managers in New York City have a 20-30% turnover rate and that there is a vast difference in salaries paid to case managers employed by OMH and those outside the State system. An intensive case manager employed by the state makes \$55,000 and has the use of a car. An intensive case manager in New York City makes \$38,000, with no car. This inequity is another consideration if OMH intends to compare outcome measures. The higher salaries provided by the State are likely to yield a better educated, more experienced, and more stable cadre of case managers than the City is able to attract on the current salary scale. How will OMH accommodate these variances when assessing the performance of New York City-based case management services? More to the point, GNYHA asks that the State act to correct this extreme salary disparity. The difficulty recruiting and retaining case managers is a very real impediment to best practices.

**Psychiatrist Time** - The availability of psychiatrists has been limited in many outpatient programs due to funding limits. Because it is less expensive to hire other staff, it is not unusual for clinics to have a psychiatrist available for only a few hours a week. This is particularly problematic given the increased reliance on pharmacological treatments, and the large numbers of elderly and very young patients, both sensitive to drug doses and interactions. In a best practice model, GNYHA hopes that OMH will provide adequate compensation for psychiatrist time.

GNYHA appreciates the enthusiasm that OMH has for the introduction of evidence-based practice. There are many areas where GNYHA members are employing best practices, others that we need to introduce, and still others where efforts to use best practices are thwarted by a lack of resources, or, in the case of patients with co-morbid conditions, by agency constraints. We have listed these issues in some detail, but not for the purpose of claiming that best practices can't work. Rather, GNYHA believes that OMH must be aware of these impediments, and be willing to address them, as it moves forward with its strategic plan.

The OMH strategic plan is guided by the principles of accountability, best practices, and care coordination. GNYHA emphasizes the importance of OMH being accountable for providing the necessary means, including financial resources, to support the implementation of best practices and care coordination. GNYHA looks forward to working with OMH to introduce positive changes in the mental health delivery system. Thank you for this opportunity to present GNYHA's views.

1 Guo, S., et al. (2001). Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization. *Psychiatric Services*, 52 (2), February.